



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR**

2014

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 94244		2. Exact name of the Corporation MAR TRANSPORT, INC.			
3. Principal office address 100 OAKLAND BEACH AVENUE		City WARWICK	State RI	Zip 02889	
4. Business Phone No. 401-738-2424		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TRANSPORTATION OF SHELLFISH					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name VICTOR BICA JR.			Vice-President Name JOSE FERNANDES		
Street Address 217 ARMSTRONG AVENUE			Street Address 86 KIMBERLY LANE NORTH		
City WARWICK	State RI	Zip 02889	City CRANSTON	State RI	Zip 02921
Secretary Name VICTOR BICA JR.			Treasurer Name JOSE FERNANDES		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name VICTOR BICA JR.			Director Name JOSE FERNANDES		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
800		COMMON		NO PAR	

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

Form No. 630  
Revised: 01/2012

FILED

MAY 30 2014

BY 1428

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Representative

VICTOR BICA JR.

Print or Type Name of Authorized Representative

Date

5/28/14