



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. 746404		2. Exact name of the Corporation MARYLOU'S NEW, INC.			
3. Principal office address 183 WHITING STREET		City HINGHAM	State MA	Zip 02043	
4. Business Phone No. 781-749-3557		5. State of Incorporation MASSACHUSETTS			
6. Brief description of the character of business conducted in Rhode Island COFFEE KIOSK INSIDE SHELL GAS STATIONS SELLING COFFEE AND PASTRIES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name MARYLOU E. SANDRY			Vice-President Name RONALD A. SANDRY		
Street Address 127 RUSSELL LANE			Street Address 11 CLAPP LANE		
City ABINGTON	State MA	Zip 02351	City SAGAMORE	State MA	Zip 02562
Secretary Name MARYLOU E. SANDRY			Treasurer Name MARYLOU E. SANDRY		
Street Address 127 RUSSELL LANE			Street Address 127 RUSSELL LANE		
City ABINGTON	State MA	Zip 02351	City ABINGTON	State MA	Zip 02351
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name MARYLOU E. SANDRY			Director Name RONALD A. SANDRY		
Street Address 127 RUSSELL LANE			Street Address 11 CLAPP LANE		
City ABINGTON	State MA	Zip 02351	City SAGAMORE	State MA	Zip 02562
Director Name NONE			Director Name NONE		
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
			1200	COMMON	1200

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

FILED

JUN 30 2014

6/10/23

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.

Marylou E. Sandry **6/25/14**
 Signature of Authorized Representative Date
MARYLOU E. SANDRY
 Print or Type Name of Authorized Representative