



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 2016

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. 98264		2. Exact name of the Corporation Mario's Reconditioned Appliance, Inc.			
3. Principal office address 968 Elm Street			City Woonsocket	State RI	Zip 02895
4. Business Phone No. (401) 765-1636		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To provide goods and/or services in connection with appliance repair and refurbishment.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Mario Cloutier			Vice-President Name Mario Cloutier		
Street Address 968 Elm Street			Street Address 968 Elm Street		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Secretary Name Stacy Corrigan			Treasurer Name Stacy Corrigan		
Street Address 62 W. Park Place, 1st Floor			Street Address 62 W. Park Place, 1st Floor		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
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
			1,000	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

FILED

JAN 13 2016

BY 1678 DS

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.

Mario Cloutier 1/4/16
 Signature of Authorized Representative Date

Mario Cloutier, President

Print or Type Name of Authorized Representative