



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. 000146225		2. Exact name of the Corporation MARIAHNA'S INC.	
3. Principal office address 991 OAKLAWN AVE.		City CRANSTON	State RI
4. Business Phone No. 401-932-7000		5. State of Incorporation RHODE ISLAND	
6. Brief description of the character of business conducted in Rhode Island CATERER			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name DEBORAH P. McLAUGHLIN		Vice-President Name MEDERIC D. McLAUGHLIN	
Street Address 50 WINSOR AVE.		Street Address 50 WINSOR AVE.	
City JOHNSTON	State RI	Zip 02919	City JOHNSTON
Secretary Name NONE		Treasurer Name NONE	
Street Address		Street Address	
City	State	Zip	City
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	Zip	City
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	Zip	City
9. SHARES AUTHORIZED 1000		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐	
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 0	CLASS/SERIES NONE.
		PAR VALUE	

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: 2016 FEB 16 11:45 AM

FOR SECRETARY OF STATE USE ONLY

Form No. 690
Revised: 01/2012

FILED

FEB 16 2016

By: 267681

A.A. 11:47 A.M.

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.

Deborah P. McLaughlin 1/25/16
Signature of Authorized Representative Date

DEBORAH P. McLAUGHLIN
Print or Type Name of Authorized Representative

RECEIVED
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CORPORATIONS DIV
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