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.	2. Exact name of the Corporation		
000146225	MARIANA'S INC.		
3. Principal office address: 991 OAKLAWN AVE.	City: CRANSTON	State: RI	Zip: 02920
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: FREDERIC D. MCLAUGHLIN		
Street Address: 50 WINSOR AVE.			Street Address: 50 WINSOR AVE.		
City: JOHNSTON	State: RI	Zip: 02919	City: JOHNSTON	State: RI	Zip: 02919
Secretary Name: NONE			Treasurer Name: NONE		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

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:	State:	Zip:
Director Name: NONE			Director Name: NONE		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

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9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
1000	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	0	NONE.	

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 AM 11:45

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FEB 16 2016
By 2671681
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

Form No. 630
Revised: 01/2012

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