



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. 34781		2. Exact name of the Corporation MER-MAC SERVICE, INC.			
3. Principal office address 71 Long Entry Road		City Chepachet	State RI	Zip 02814	
4. Business Phone No. 401 949 1735		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island to engage in automatic vending, amusement machines and real estate					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Michael T. Zirolì			Vice-President Name Michael T. Zirolì		
Street Address 71 Long Entry Road			Street Address 71 Long Entry Road		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
Secretary Name Nancy Zirolì			Treasurer Name Nancy Zirolì		
Street Address 71 Long Entry Road			Street Address 71 Long Entry Road		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name none			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
			100	common	no 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.

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.

Michael T. Zirolì, Pres. 3-1-16
 Signature of Authorized Representative Date

MICHAEL T. ZIROLI, PRESIDENT
 Print or Type Name of Authorized Representative

File Date _____
 Check No _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED

MAR 10 2016

BY 1346 DS