



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. 11 4078		2. Exact name of the Corporation Marysia's Custom Tailoring & Dry cleaning Inc			
3. Principal office address 832 Hope St.		City Providence	State RI	Zip 02906	
4. Business Phone No. 401 331 7350		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Drop of Dry cleaning & alteration					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Marie Soares			Vice-President Name Tanya Helin		
Street Address 37 Mark Dr			Street Address 9 Morgan Dr 105		
City Lincoln	State RI	Zip 02865	City Natick	State Mass	Zip 01760
Secretary Name Marie Soares			Treasurer Name Tanya Helin		
Street Address 37 Mark Dr			Street Address 9 Morgan Dr 105		
City Lincoln	State RI	Zip 02865	City Natick	State Mass	Zip 01760
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
			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: _____
FOR SECRETARY OF STATE USE ONLY

FILED

MAR 15 2016

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.

Signature of Authorized Representative: Maria Soares Date: 3-16-16
Print or Type Name of Authorized Representative: MARIA SOARES