



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

2016

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 7697		2. Exact name of the Corporation Marquis-Charrette Realty Inc			
3. Principal office address 209 Coe Street		City Woonsocket		State RI	Zip 02895
4. Business Phone No. 401-769-7388		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Real Estate					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name Doris M. Charrette			Vice President Name Monique A. Charrette		
Street Address 209 Coe Street			Street Address 209 Coe Street		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Secretary Name Doris M. Charrette			Treasurer Name Monique A. Charrette		
Street Address 209 Coe Street			Street Address 209 Coe Street		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
Director Name Doris M. Charrette			Director Name Monique A. Charrette		
Street Address 209 Coe Street			Street Address 209 Coe Street		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Director Name Doris M. Charrette			Director Name Monique A. Charrette		
Street Address 209 Coe Street			Street Address 209 Coe Street		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
9. SHARES AUTHORIZED					
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.					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)					
NUMBER OF SHARES 100		CLASS/SERIES Common		PAR VALUE without 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: _____

FOR SECRETARY OF STATE USE ONLY

FILED

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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.

Doris M. Charrette
Signature of Authorized Representative

3/13/16
Date

DORIS M. CHARRETTE
Print or Type Name of Authorized Representative