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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.	2. Exact name of the Corporation
124005	MAGERRY, INC.

3. Principal office address	City	State	Zip
47 SUMMER STREET	MANVILLE	RI	02838

4. Business Phone No.	5. State of Incorporation
401.762.9741	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
conduct the business of restauranteurs, caterers, innkeepers, tobacconists, bakers, butchers, cooks, concessionaries and purveyors, suppliers, preparers, servers and dispensers of food and drink

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
MARGUERITE ROGERS	MARGUERITE ROGERS
Street Address	Street Address
20 BOUVIER AVENUE	20 BOUVIER AVENUE
City / State / Zip	City / State / Zip
MANVILLE / RI / 02838	MANVILLE / RI / 02838
Secretary Name	Treasurer Name
MARGUERITE ROGERS	MARGUERITE ROGERS
Street Address	Street Address
20 BOUVIER AVENUE	20 BOUVIER AVENUE
City / State / Zip	City / State / Zip
MANVILLE / RI / 02838	MANVILLE / RI / 02838

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

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:

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	CLASS/SERIES	PAR VALUE
1000	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.

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

FILED
MAR 17 2016
3165

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.

Margueritte Rogers
Signature of Authorized Representative Date

MARGUERITE ROGERS, PRESIDENT
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

134122-39-1117238