<b>/23/</b>

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year:	,	2017	
Corporation		2017	

- → Filing period: January 1 March 1
  → Filing Fee: \$50.00

   \*\*\* Additional \$25.00 fee if form is not filed by April 1.

746404	MARYLOU'S NEWS, INC.							
Principal Office Address			City		State	Zip		
183 WHITING STREET			HINGH		MA	02043		
4. Business Phone Number:	Brief description of the character of business conducted in Rhode Island							
781-749-3557			SHELL GAS	S STATIONS SELL	ING COFFI	EE AND		
5. State of Incorporation	PASTRIE	S						
MASSACHUSETTS								
7. List ALL officers (names and ad	dresses)		h		he box to indi	cate an attachment 🔲		
President Name MARYLOU E. SANDRY			Vice-President Name RONALD A. SANDRY					
Street Address				Street Address				
127 RUSSELL LANE	1	11 CLAPP LANE				T=:		
City ABINGTON	State MA	Zip 02351	City SAGAMORE		State MA	Zip 02562		
Secretary Name	1 100	1 02001	Treasurer Name					
MARYLOU E. SANDRY				D A. SANDRY				
Street Address 127 RUSSELL LANE		Street Address 11 CLAPP LANE						
City	State	Zip	City		State	Zip		
ABINGTON	MA	02351	SAGAMORE		MA	02562		
8. List ALL directors (names and ac	ddresses)	***	IDianata - Nama		he box to indi	cate an attachment 🔲		
Director Name MARYLOU E. SANDRY			Director Name	D A. SANDRY				
Street Address 127 RUSSELL LANE			Street Address					
City ABINGTON	State MA	Zip 02351	City SAGAMORE		State MA	Zip 02562		
Director Name			Director Name					
NONE Street Address			NONE Street Address					
ou ou rudi caa			Citoot Address					
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Issu	ied	Check t	he box to indic	cate an attachment 🔲		
This information is currently of reco		NUMBER OF SHARES CLASS/SERIES PAR VALUE						
Department of State.		1,200		COMMON		1,200		
Changes require an additional filing.								
11. This report must be executed o	n behalf of the co	orporation by an a	uthorized repres	sentative. If the corpor	ation is in the	hands of a receiver or		
trustee, this report must be execute	ed on behalf of th	e corporation by t	he receiver or tr	rustee.				
Under penalty of perjury, I declar statements, and that all statemen	re and attirm the outs contained h	at I nave examine erein are true and	ea tnis report, i d correct.	ncluaing any accom		euules and		
Name of Authorized Representative	-2017P/	/		FILE	Date 26	2/20/46		
Signature of Authorized Represent	ative	'		DEL 25	2, 5018			
Mikuden C. &	Har Calu	1			15			
MAIL TO:				Ву		• \		

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov