



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <u>6009</u>	2. Exact name of the Corporation <u>MRM, Inc.</u>		
3. Principal Office Address <u>350 Seaside Drive</u>		City <u>Jamestown</u>	State <u>RI</u>
		Zip <u>02835</u>	
4. NAICS Code <u>61</u>	6. Brief description of the character of business conducted in Rhode Island <u>Consulting</u>		
5. State of Incorporation <u>Rhode Island</u>			

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Charlotte Zarlengo</u>			Vice-President Name <u>F. John Zarlengo</u>		
Street Address <u>350 Seaside Drive</u>			Street Address <u>350 Seaside Drive</u>		
City <u>Jamestown</u>	State <u>RI</u>	Zip <u>02835</u>	City <u>Jamestown</u>	State <u>RI</u>	Zip <u>02835</u>
Secretary Name <u>Charlotte Zarlengo</u>			Treasurer Name <u>F. John Zarlengo</u>		
Street Address <u>350 Seaside Drive</u>			Street Address <u>350 Seaside Drive</u>		
City <u>Jamestown</u>	State <u>RI</u>	Zip <u>02835</u>	City <u>Jamestown</u>	State <u>RI</u>	Zip <u>02835</u>

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>Charlotte Zarlengo</u>			Director Name <u>F. John Zarlengo</u>		
Street Address <u>350 Seaside Drive</u>			Street Address <u>350 Seaside Dr.</u>		
City <u>Jamestown</u>	State <u>RI</u>	Zip <u>02835</u>	City <u>Jamestown</u>	State <u>RI</u>	Zip <u>02835</u>
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 Department of State. Changes require an additional filing.	10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	<u>100</u>	<u>Common</u>	<u>No par value</u>

11. 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.

Name of Authorized Representative <u>Charlotte Zarlengo</u>	FILED	Date <u>1/14/2017</u>
Signature of Authorized Representative <u>Charlotte Zarlengo</u>	JAN 19 2017	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

BY [Signature]