



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 8075		2. Exact name of the Corporation Marvin Realty, Inc.	
3. Principal Office Address 165 Dyerville Avenue		City Johnston	State RI
		Zip 02919	
4. NAICS Code 81	6. Brief description of the character of business conducted in Rhode Island Providing financial and accounting services and all activities related thereto any lawful purpose		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Lucille Alviti		Vice-President Name Lucille Alviti	
Street Address 165 Dyerville Avenue		Street Address 165 Dyerville Avenue	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
Secretary Name Lucille Alviti		Treasurer Name Lucille Alviti	
Street Address 165 Dyerville Avenue		Street Address 165 Dyerville Avenue	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	
		200 Common No Par Value	
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 Lucille Alviti, President		Date 2/1/2017	
Signature of Authorized Representative <i>Lucille Alviti, President</i>		FILED	

FEB 02 2017

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