



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 2017

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. Filing ID No. 7708		2. Exact name of the Corporation MARR OFFICE EQUIPMENT, INC.			
3. Principal office address 7651 Main Street			City Pawtucket	State RI	Zip 02860
4. Business Phone No. 401-725-5186		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Purchase, sale, lease, rent, distribute, repair and service office equipment and supplieds.					
President Name Raymond B. Marr			Vice-President Name Michael Marr		
Street Address 495 Red Chimney Drive			Street Address 72 Thomas Avenue		
City Warwick	State RI	Zip 02886	City Pawtucket	State RI	Zip 02860
Secretary Name Raymond B. Marr			Treasurer Name Michael Marr		
Street Address 495 Red Chimney Drive			Street Address 72 Thomas Avenue		
City Warwick	State RI	Zip 02886	City Pawtucket	State RI	Zip 02860
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (ATTACHMENT)					
Director Name Raymond B. Marr			Director Name Michael Marr		
Street Address 495 Red Chimney Drive			Street Address 72 Thomas Avenue		
City Warwick	State RI	Zip 02886	City Pawtucket	State RI	Zip 02860
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED TO PUBLIC (ATTACHMENT)		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			32.46	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: _____

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 15 2017

BY **11764**

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.

Raymond B. Marr
 Signature of Authorized Representative

1/27/17
 Date

Raymond B. Marr
 Print or Type Name of Authorized Representative