



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 98264		2. Exact name of the Corporation Mario's Reconditioned Appliance, Inc.	
3. Principal Office Address 968 Elm Street		City Woonsocket	State RI
		Zip 02895	
4. NAICS Code 81 - Other Services (except Pul	6. Brief description of the character of business conducted in Rhode Island To provide goods and/or services in connection with appliance repair and refurbishment.		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Mario Cloutier		Vice-President Name Mario Cloutier	
Street Address 968 Elm Street		Street Address 968 Elm Street	
City Woonsocket	State RI	Zip 02895	City Woonsocket
			State RI
			Zip 02895
Secretary Name Stacy Corrigan		Treasurer Name Stacy Corrigan	
Street Address 62 W. Park Place, 1st Floor		Street Address 62 W. Park Place, 1st Floor	
City Woonsocket	State RI	Zip 02895	City Woonsocket
			State RI
			Zip 02895
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	Zip	City
			State
			Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		1,000	Common
			No Par
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 Mario Cloutier, President			Date 1-16-17
Signature of Authorized Representative 			

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

FILED

FEB 15 2017 *JZ*

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