



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 34781		2. Exact name of the Corporation MER-MAC SERVICE, INC.			
3. Principal Office Address 71 Long Entry Road			City Chepachet	State RI	Zip 02814
4. NAICS Code 53 - Real Estate and Rental		6. Brief description of the character of business conducted in Rhode Island to engage in automatic vending, amusement machines and real estate			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Michael T. Zirolì			Vice-President Name Michael T. Zirolì		
Street Address 71 Long Entry Road			Street Address 71 Long Entry Road		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
Secretary Name Nancy Zirolì			Treasurer Name Nancy Zirolì		
Street Address 71 Long Entry Road			Street Address 71 Long Entry Road		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name none			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		
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 MICHAEL T. ZIROLI, PRESIDENT					Date 3-1-2017
Signature of Authorized Representative <i>Michael T. Zirolì</i>					

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**MAR 13 2017****BY**