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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2018

Corporation

→ Filing period: January 1 - March 1
 → Filing Fee: \$50.00

2010 FEB 23	SECRETAR CORPORAL
	-1-2M

→ Penalty: Additional \$25	.00 fee if form is ni	ot filed by April 1.				3 <u>ARR</u>	
1. Entity ID Number 157722		2. Exact name of the Corporation  Marvic Enterprises Inc.					
Principal Office Address	<u> </u>		City		State	36 ZIP 27	
199 Taunton Avenue		East Provid	lence	RI	029174		
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island						
445310	Liquor store						
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names an	d addresses)	<u>-</u>		Chec	ck the box to inc	dicate an attachment	
President Name Marco A. Pacheco			I	Vice-President Name  Jose E. Silva			
Street Address 199 Taunton Avenue			Street Address	Street Address 199 Taunton Avenue			
City East Providence	State RI	<sup>Zip</sup> 02914	City East Providence		State RI	<sup>7<sub>1</sub>p</sup> 02914	
Secretary Name Marco A. Pac	heco		Treasurer Nan	Treasurer Name Marco A. Pacheco			
Street Address 199 Taunton Avenue			Street Address	Street Address 199 Taunton Avenue			
City East Providence	Stale RI	<sup>2(p</sup> <b>02914</b>	City East Providence		State RI	<sup>Z<sub>1</sub>p</sup> 02914	
8. List ALL directors (names a	ind addresses)	•	•		ck the box to inc	dicate an attachment 🔲	
Director Name			Director Name	•			
Street Address			Street Address	Street Address			
City	State	Zıp	City		State	Zip	
Director Name			Director Namo	Director Name			
Street Address			Street Address	Street Address			
City	State	Zıp	City		State	Zip	
9. Shares Authorized		10. Shares Iss	l sued	Check the box to indicate an attachment			
This information is currently of	record in the	NUMBER C					
Department of State. Changes require an additional filing.		1960.4		Common		\$.01	
11. This report must be execu					poration is in th	e hands of a receiver or	
trustee, this report must be ex						h = d : d = = = = d	
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 Date							
Marco A. Pacheco, President							
Signature of Authorized Representative  SIGN DOCUMEN. TILLED							
FER 9 3 2010							

MAIL TO: (

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017