



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
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

1. Entity ID Number 146058		2. Exact name of the Corporation MARC ALLEN, INC.			
3. Principal Office Address 200 SOUTH MAIN STREET			City PROVIDENCE	State RI	Zip 02903
4. NAICS Code 44-45- RETAIL TRADE		6. Brief description of the character of business conducted in Rhode Island TO OWN, PROVIDE, DISPENSE AND DEAL IN THE BUSINESS OF HABERDASHERY			
5. State of Incorporation RHODE ISLAND		454390			
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐
President Name MARC STREISAND			Vice-President Name		
Street Address 200 MAIN STREET			Street Address		
City PROVIDENCE	State RI	Zip 02903	City	State	Zip
Secretary Name MARC STREISAND			Treasurer Name MARC STREISAND		
Street Address AS ABOVE			Street Address AS ABOVE		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment ☐
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			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment ☐			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		1000	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 MARC STREISAND				Date FEBRUARY , 2018	
Signature of Authorized Representative 				SIGN DOCUMENT HERE FILED	

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

FEB 28 2018
 BY 18051 DS FORM 630 - Revised: 10/2017