State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

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.

1. Entity ID Number	2. Exact name of the Corporation
146058	MARC ALLEN, INC.

3. Principal Office Address	City	State	Zip
200 SOUTH MAIN STREET	PROVIDENCE	RI	02903

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
44-45- RETAIL TRADE	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	Vice-President Name
MARC STREISAND	
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	Director Name
NONE	
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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — 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	Date
MARC STREISAND	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