



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

STAMP

- 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 85548		2. Exact name of the Corporation MARR PROPERTIES, INC.			
3. Principal Office Address 7651 Main Street		City Pawtucket		State RI	Zip 02860
4. NAICS Code 53 1110		6. Brief description of the character of business conducted in Rhode Island Deal in and with real or personal property.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Raymond B. Marr			Vice-President Name Michael Marr		
Street Address 495 Red Chimney Drive			Street Address 72 Thomas Avenue		
City Warwick	State RI	Zip 02886	City Pawtucket	State RI	Zip 02860
Secretary Name Raymond B. Marr			Treasurer Name Michael Marr		
Street Address 495 Red Chimney Drive			Street Address 72 Thomas Avenue		
City Warwick	State RI	Zip 02886	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Raymond B. Marr			Director Name Michael Marr		
Street Address 495 Red Chimney Drive			Street Address 72 Thomas Avenue		
City Warwick	State RI	Zip 02886	City Pawtucket	State RI	Zip 02860
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES - CLASS/SERIES - PAR VALUE		
			32.46 Common No Par Value		
			395 Non-Voting No 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 Raymond B. Marr					Date 1/24/18
Signature of Authorized Representative <i>Raymond B. Marr</i>					SIGN DOCUMENT HERE

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 01 2018

BY 14536

FORM 630 - Revised: 10/2017