



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.

1. Entity ID Number 109471		2. Exact name of the Corporation M A R Construction, Inc.			
3. Principal Office Address 22 Sextant Lane			City Narragansett	State RI	Zip 02882
4. NAICS Code 212321		6. Brief description of the character of business conducted in Rhode Island Construction and remodeling in all phases of the construction industry			
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 Michael R. Martone			Vice-President Name Michael R. Martone		
Street Address 22 Sextant Lane			Street Address same		
City Narragansett	State RI	Zip 02882	City	State	Zip
Secretary Name Michael R. Martone			Treasurer Name Michael R. Martone		
Street Address same as above			Street Address same		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael R. Martone			Director Name		
Street Address same as above			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 <input type="checkbox"/>		
			NUMBER OF SHARES	CLASSIFI CIES	PAR VALUE
			250	common	none
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 R. Martone					Date 2/4/18
Signature of Authorized Representative 					

SIGN DOCUMENT HERE **FILED**