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	2. Exact name of the Corporation
6201	MACX incorporated

3. Principal Office Address	City	State	Zip
12 West Harbor Road	Bristol	RI	02809

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541490	Designers of specialty items
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Marlies MacDonald	Marlies MacDonald
Street Address: 12 West Harbor Road	Street Address: 12 West Harbor Road
City: Bristol, State: RI, Zip: 02809	City: Bristol, State: RI, Zip: 02809
Secretary Name: Marlies MacDonald	Treasurer Name: Marlies MacDonald
Street Address: 12 West Harbor Road	Street Address: 12 West Harbor Road
City: Bristol, State: RI, Zip: 02809	City: Bristol, State: RI, Zip: 02809

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Marlies MacDonald	None
Street Address: 12 West Harbor Road	Street Address:
City: Bristol, State: RI, Zip: 02809	City, State, Zip:
Director Name: None	Director Name: None
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	200	Common	No Par Value
Changes require an additional filing.			

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
Marlies MacDonald	2/21/18

Signature of Authorized Representative: X Marlies MacDonald SIGN DOCUMENT HERE

FILED

MAR 02 2018

BY 1929

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