



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.

FILED

MAR 22 2018

BY 5475
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1. Entity ID Number 000698581		2. Exact name of the Corporation MARY CO			
3. Principal Office Address 110 NEWPORT AVENUE			City PAWTUCKET	State RI	Zip 02861
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island FAST FOOD RESTAURANT			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name TAIB GORGY			Vice-President Name MAHER AYOUB		
Street Address 1 SIXTH STREET #3			Street Address 316 PAWTUCKET AVENUE		
City ATTLEBORO	State MA	Zip 02703	City PAWTUCKET	State RI	Zip 02860
Secretary Name MAHER AYOUB			Treasurer Name TAIBY GORGY		
Street Address 316 PAWTUCKET AVENUE			Street Address 21 SCHOOL STREET		
City PAWTUCKET	State RI	Zip 02860	City ATTLEBORO	State MA	Zip 02703
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name TAIB GORGY			Director Name MAHER AYOUB		
Street Address 1 SIXTH STREET			Street Address 216 PAWTUCKET AVENUE		
City ATTLEBORO	State MA	Zip 02703	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 2	CLASS/SERIES STK	PAR VALUE .01
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 MAHER AYOUB				Date 3/15/2018	
Signature of Authorized Representative <i>Mahe Ayoub</i> SIGN DOCUMENT HERE					