



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
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 8072		2. Exact name of the Corporation Marvin Gardens, Ltd.			
3. Principal Office Address PO Box 1011			City Newport	State RI	Zip 02840
4. NAICS Code 531390	6. Brief description of the character of business conducted in Rhode Island General Real Estate				
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 Lawrence A. Allen			Vice-President Name Elizabeth Allen		
Street Address PO Box 1011			Street Address PO Box 1011		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Brian G. Bardorf			Treasurer Name Lawrence A. Allen		
Street Address 36 Washington Square			Street Address PO Box 1011		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
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 <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			65	COMMON CLASS A	\$1.00
			35	COMMON CLASS B	\$1.00
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 <i>Brian G. Bardorf</i>					Date 1/2/19
Signature of Authorized Representative <i>Brian G. Bardorf</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JAN 08 2019

FORM 630 - Revised: 10/2017

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