



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

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 SECRETARY OF STATE
 CORPORATIONS DIVISION

Annual Report for the year: 2019
Corporation

2019 FEB 14 PM 2:28

- 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 157722		2. Exact name of the Corporation Marvic Enterprises Inc.			
3. Principal Office Address 199 Taunton Avenue		City East Providence		State RI	Zip 02914
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island Liquor store			
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 Marco A. Pacheco			Vice-President Name Jose E. Silva		
Street Address 199 Taunton Avenue			Street Address 199 Taunton Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Marco A. Pacheco			Treasurer Name Marco A. Pacheco		
Street Address 199 Taunton Avenue			Street Address 199 Taunton Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
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		10. Shares Issued 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.		NUMBER OF SHARES		CLASS/SERIES	
		1960.4		Common	
				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 Marco A. Pacheco, President					Date 2/7/19
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

FILED

FEB 14 2019

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BY CA CK 1842

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