



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

FILED

FEB 28 2019

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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 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 22 Sextant Lane | |
| City Narragansett | State RI | Zip 02882 | City Narragansett |
| | | | State RI |
| | | | Zip 02882 |
| 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 | | 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 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 2/15/19 |
| Signature of Authorized Representative <i>Michael R. Martone</i> | | | |

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov