



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.

RECEIVED
SECRETARY OF STATE
CORPORATE
2019 MAR -4 PM 2:08

| | | | | | |
|--|--|---|---------------------|--------------------|--|
| 1. Entity ID Number 155136 | | 2. Exact name of the Corporation Marvic Inc | | | |
| 3. Principal Office Address 160 Southbridge St | | City Auburn | | State MA | Zip 01501 |
| 4. NAICS Code 999999 | 6. Brief description of the character of business conducted in Rhode Island none - company sold Dec 2017 | | | | |
| 5. State of Incorporation MA | | | | | |
| 7. List ALL officers (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name Marco Gabrielli | | | Vice-President Name | | |
| Street Address 160 Southbridge St | | | Street Address | | |
| City Auburn | State MA | Zip 01501 | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| 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 | | | 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 | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIES | PAR VALUE |
| | | 100 | | | 0 |
| 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 Lina Wheeler | | | | | Date 2/27/19 |
| Signature of Authorized Representative Lina Wheeler | | | | | |

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

MAR 13 2019

11:30

BY **PD9BG**

FORM 630 - Revised: 10/2017