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**FILED**  
 MAR 21 2019  
 BY OS/LEAS DS

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 <b>000746404</b>		2. Exact name of the Corporation <b>MARYLOU'S NEWS, INC.</b>				
3. Principal Office Address <b>183 WHITING STREET</b>			City <b>HINGHAM</b>	State <b>MA</b>	Zip <b>02043</b>	
4. NAICS Code <b>445299</b>		6. Brief description of the character of business conducted in Rhode Island <b>CONVENIENCE</b>				
5. State of Incorporation <b>MA</b>						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name <b>MARYLOU SANDRY</b>			Vice-President Name <b>RONALD SANDRY</b>			
Street Address <b>23 SHIPYARD DRIVE</b>			Street Address <b>23 SHIPYARD DRIVE</b>			
City <b>HINGHAM</b>	State <b>MA</b>	Zip <b>02043</b>	City <b>HINGHAM</b>	State <b>MA</b>	Zip <b>02043</b>	
Secretary Name <b>MARYLOU SANDRY</b>			Treasurer Name <b>RONALD SANDRY</b>			
Street Address <b>23 SHIPYARD DRIVE</b>			Street Address <b>23 SHIPYARD DRIVE</b>			
City <b>HINGHAM</b>	State <b>MA</b>	Zip <b>02043</b>	City <b>HINGHAM</b>	State <b>MA</b>	Zip <b>02043</b>	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name <b>MARYLOU SANDRY</b>			Director Name <b>RONALD SANDRY</b>			
Street Address <b>23 SHIPYARD DRIVE</b>			Street Address <b>23 SHIPYARD DRIVE</b>			
City <b>HINGHAM</b>	State <b>MA</b>	Zip <b>02043</b>	City <b>HINGHAM</b>	State <b>MA</b>	Zip <b>02043</b>	
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/STRIES	PAR VALUE	
		<b>1200</b>		<b>COMMON</b>	<b>1200</b>	
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.						
<b>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.</b>						
Name of Authorized Representative <i>Marylou C Sandry</i>					Date <b>3/19/19</b>	
Signature of Authorized Representative <b>MARYLOU SANDRY</b>						

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