



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

Annual Report for the year: 2020  
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 - DIV  
CORPORATIONS DIV  
2019 DEC 18 AM 10:23

1. Entity ID Number <b>114 078</b>		2. Exact name of the Corporation <b>Marysia's Custom Tailoring &amp; Dry Clean Inc</b>			
3. Principal Office Address <b>832 Hope St</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02865</b>	
4. NAICS Code <b>812320</b>	6. Brief description of the character of business conducted in Rhode Island <b>DNP of Dry cleaning &amp; alteration</b>				
5. State of Incorporation <b>R.I</b>					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Maria Soares</b>			Vice-President Name <b>Tanya Hellen</b>		
Street Address <b>37 Mark Dr</b>			Street Address <b>14 Beach St</b>		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>Millis</b>	State <b>MA</b>	Zip <b>02054</b>
Secretary Name <b>Maria Soares</b>			Treasurer Name <b>Tanya Hellen</b>		
Street Address <b>37 Mark Dr</b>			Street Address <b>14 Beach St</b>		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>Millis</b>	State <b>MA</b>	Zip <b>02054</b>
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			<b>0</b>		<b>\$10</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 <b>MARIA SOARES</b>				Date <b>12-18-19</b>	
Signature of Authorized Representative <b>Maria Soares</b>					

FILED

DEC 18 2019  
**6KDC0**