



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.

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SECRETARY OF STATE
CORPORATIONS DIV
2019 DEC 30 PM 3:54

1. Entity ID Number 00013989		2. Exact name of the Corporation Marques Enterprises, Inc.			
3. Principal Office Address 5 Samantha Lane			City Rehoboth	State MA	Zip 02769
4. NAICS Code 445120		6. Brief description of the character of business conducted in Rhode Island Retail Convenience Store			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Manuel Marques			Vice-President Name Adelaide Marques		
Street Address 5 Samantha Lane			Street Address 5 Samantha Lane		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769
Secretary Name Manuel Marques			Treasurer Name Manuel Marques		
Street Address 5 Samantha Lane			Street Address 5 Samantha Lane		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Manuel Marques			Director Name		
Street Address 5 Samantha Lane			Street Address		
City Rehoboth	State MA	Zip 02769	City	State	Zip
Director Name Adelaide Marques			Director Name		
Street Address 5 Samantha Lane			Street Address		
City Rehoboth	State MA	Zip 02769	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	CNP	\$1,000
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 Manuel Marques				Date 12/30/2019	
Signature of Authorized Representative <i>Manuel Marques</i>				SIGN DOCUMENT HERE	

FILED