



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

STAMP

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.

1. Entity ID Number 000007360		2. Exact name of the Corporation MARIART ENTERPRISES, INC.			
3. Principal Office Address 443 MAIN STREET		City WARREN		State RI	Zip 02885
4. NAICS Code 812112		6. Brief description of the character of business conducted in Rhode Island HAIRDRESSING BUSINESS			
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 MARIE L. AMARAL			Vice-President Name MARIE L. AMARAL		
Street Address 79 LISA DRIVE			Street Address 79 LISA DRIVE		
City SWANSEA		State MA	Zip 02777	City SWANSEA	
Secretary Name MARIE L. AMARAL		Treasurer Name MARIE L. AMARAL			
Street Address 79 LISA DRIVE			Street Address 79 LISA DRIVE		
City SWANSEA		State MA	Zip 02777	City SWANSEA	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MARIE L. AMARAL			Director Name		
Street Address 79 LISA DRIVE			Street Address		
City SWANSEA		State MA	Zip 02777	City	
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
9. Shares Authorized 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	
		100	COMMON	NO PAR VALUE	
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 MARIE L. AMARAL				Date 1/27/20	
Signature of Authorized Representative <i>Marie Amaral</i> FILED					

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

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