

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

2005

401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 130953 MARJO, Inc. 3. Street Address Principal Business Office Cin State b2809 RI <u>Maple Lane</u> Bristol 4. Business Phone No 6. SIC Code 5. State of Incorporation <u>401-253-5194</u> RHODE ISLAND 7 Brief Description of the Character of Business Conducted in Rhode Island
REAL ESTATE SALES, SERVICE AND MARKETING, TO INCLUDE BUT NOT LIMITED TO RENTAL INCOME PROPERTY 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Mario G. Silva JoAnn Silva Sirect Address Street Address 71 Maple Lane 71 Maple Lane State State Z_ip Bristol RI 02809 Bristol 02809 Treasurer Name Secretary Name Mario G. Silva JoAnn Silva Street Address Street Address 71 Maple Lane 71 Maple Lane State 02809 02809 RIRΙ Bristol Bristol 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name JoAnn Silva Street Address Street Address 71 Maple Lane State Ζίρ 02809 City State Zip Bristol RΙ Director Name Director Name <u>M</u>ario G. Silva Street Address Street Address 71 Maple Lane State City State Z.Ip 02809 Bristol RI11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES Number of Shares Class/Series Par Value **Number of Shares** Class/Scrics Par Value 1,000 NO PAR VALUE 100 NO PAR This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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. 2-23-05 Daic File Date Signature of Officer Check No. JoAnn Silva√ Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY

Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
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1. Corporate ID No.	2. Name of Corpo	pration	<u> </u>		
130953	MARJO, Inc	3.	•		
3. Street Address Principal Business		· · · · · · · · · · · · · · · · · · ·	City	State	Z/p
71 Maple Lane	2		Bristol	RI	02809
4. Business Phone No		5. State of Incorporatio		1 11	6. SIC Code
401-253-5194		RHODE ISLAND	\		
7. Brief Description of the Character REAL ESTATE SALES,		ed in Rhode Island	UT NOT LIMITED TO REN	FAL INCOME PROPERTY	
8. NAMES AND ADDRESSE	S OF THE OFFIC	ERS: ("X" BOX FOR AT	TACHMENT) TILL	IN SPACES BEFORE USI	NG ATTACHMENTS
President Name	-		Vice President Name		
JoAnn Silva		Mario G. Silva			
Street Address			Street Address		
71 Maple Lane			71 Maple La	ine	
City	State_	Zip	City	Sinte	Zip
Bristol	RI	02809	Bristol	RI	02809
Secretary Name	d		; Treasurer Name	······································	······································
Mario G. Silva	a		JoAnn Silv	'a	
Street Address			Street Address		 .
71 Maple Lane			71 Maple I	ane	
City	State	Zip	Cuy	State	Zip
Bristol	RI	71p 02809	Bristol	RI	02809
9. NAMES AND ADDRESSE	S OF THE DIREC			L IN SPACES BEFORE US	•
Director Name			Director Name	The state of the company of the state of the company of	
JoAnn Silva					
Street Address		<u> </u>	Street Address		
71 Maple Lane					
City	State	7.tp	City	State	Zip
Bristol	RI	02809			1.3.9
Director Name	J		Director Name		l
			, , , , , , , , , , , , , , , , , , ,		
Mario G. Silvi	a		Street Address		
71 Maple Lane			. SHOW MININGS		
City	State	Zip	: City	State	Zip
Bristol	RI	02809	- City	Same	7.17
10. SHARES AUTHORIZED	1		11 CHARRE ICCIE	 D <i>("X" BOX FOR ATTAC</i>	 `***********
AUTHORIZED SHARES	(A BON YOR		ISSUED SHARES	V (A BUA FUR ATTAC	inneri) [
Number of Shares	Class/Series	Par Value	Number of Shares	Classification	Ban Materia
Comment of State Co.	ARRANGA (A)	rar tang	Number of Spares	Class/Scries	Par Value
1,000 NO PAR VALUE			100		NO PAR
1,000 HO I AIL TALUL	<u></u>		100		NO FAR
<u>_</u>				l	
This report must be	signed in ink by	either the President, Vice	e President, Secretary, Ass	istant Secretary. Treasure	r, Receiver or Trustee
1 180(8)	HANG HIKI AAHA INIAI A	118 IIII 18 Br			

File Date Check No.	7.4.04
Ву:	FOR SECRETARY OF STATE USE ONLY

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Under penalty of perjury, I declare and affirm	
ncluding any accompanying schedules and sentialized herein are true and correct.	latements, and that all statements
John Silver	2/3/04
ignayire of Officer.	Dáic
JO-ANN SILVA	
Print or Type Name of Officer	
President	
Tule of Officer	-
	Form 630 Rev. 12/03