



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
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 130953		2. Name of Corporation MARJO, Inc.			
3. Street Address Principal Business Office 71 Maple Lane			City Bristol	State RI	Zip 02809
4. Business Phone No 401-253-5194		5. State of Incorporation RHODE ISLAND			6. SIC Code
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JoAnn Silva			Vice President Name Mario G. Silva		
Street Address 71 Maple Lane			Street Address 71 Maple Lane		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Mario G. Silva			Treasurer Name JoAnn Silva		
Street Address 71 Maple Lane			Street Address 71 Maple Lane		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JoAnn Silva			Director Name		
Street Address 71 Maple Lane			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Director Name Mario G. Silva			Director Name		
Street Address 71 Maple Lane			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	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



File Date	2/25/05
Check No.	182
By:	
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Officer
JoAnn Silva
Print or Type Name of Officer
President
2-23-05
Date
Title of Officer



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File Date	2-4-04
Check No.	941
By:	1UP
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Officer: JoAnn Silva Date: 2/3/04
Print or Type Name of Officer: JoAnn Silva
Title of Officer: President