

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

Annual Report for the year: 2021
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

DEC 28 2020

BY 087307 OS

1. Entity ID Number 000746404		2. Exact name of the Corporation MARYLOU'S NEWS, INC.			
3. Principal Office Address 183 WHITING STREET			City HINGHAM	State MA	Zip 02043
4. NAICS Code 445299		6. Brief description of the character of business conducted in Rhode Island CONVENIENCE			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARYLOU SANDRY			Vice-President Name RONALD SANDRY		
Street Address 23 SHIPYARD DRIVE			Street Address 23 SHIPYARD DRIVE		
City HINGHAM	State MA	Zip 02043	City HINGHAM	State MA	Zip 02043
Secretary Name MARYLOU SANDRY			Treasurer Name RONALD SANDRY		
Street Address 23 SHIPYARD DRIVE			Street Address 23 SHIPYARD DRIVE		
City HINGHAM	State MA	Zip 02043	City HINGHAM	State MA	Zip 02043
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MARYLOU SANDRY			Director Name RONALD SANDRY		
Street Address 23 SHIPYARD DRIVE			Street Address 23 SHIPYARD DRIVE		
City HINGHAM	State MA	Zip 02043	City HINGHAM	State MA	Zip 02043
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued 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	
		1200		COMMON	
		PAR VALUE		1200	
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 <i>MARYLOU SANDRY</i>					Date 12/14/20
Signature of Authorized Representative <i>Marylou Sandry</i> MARYLOU SANDRY					

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