



State of Rhode Island
Department of State - Business Services Division

STAMP

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.

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 DR			Street Address 79 LISA DR		
City SWANSEA	State MA	Zip 02777	City SWANSEA	State MA	Zip 02777
Secretary Name MARIE L. AMARAL			Treasurer Name MARIE L. AMARAL		
Street Address 79 LISA DR			Street Address 79 LISA DR		
City SWANSEA	State MA	Zip 02777	City SWANSEA	State MA	Zip 02777
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 DR			Street Address		
City SWANSEA	State MA	Zip 02777	City	State	Zip
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	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 1/25/2021
Signature of Authorized Representative <i>Marie L. 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.n.gov

JAN 28 2021 KM

BY 23094