

State of Rhode Island

## **Department of State - Business Services Division**

) }	il.	1	1	1	

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	2. Exact name of the Corporation									
157722	Marvic Enterp	Marvic Enterprises Inc.								
3. Principal Office Address		City		State	Zıp					
199 Taunton Avenue			East Provide	ast Providence		02914				
4. NAICS Code	6. Brief descrip	tion of the characte	r of business c	onducted in Rhode Is	land					
445310	Liquor store	Liquor store								
5. State of Incorporation	┦ '									
Rhode Island	le Island									
7. List ALL officers (names and a	ddresses)			•	the box to ir	ndicate an attachment 🔲				
President Name Marco A. Pacheco	)		Vice-President Name							
Street Address 199 Taunton Aven		Street Address								
City East Providence	State RI	Zip <sub>02914</sub>	City	City		Zıp				
Secretary Name Marco A. Pacheco		Treasurer Name Marco A. Pacheco								
Street Address 199 Taunton Aven			Street Address 199 Taunton Avenue							
City East Providence	State RI	Zip 02914	City East Providence		State RI	Zip 02914				
8. List ALL directors (names and	addresses)		Check the box to indicate an attachment							
Director Name			Director Name	!						
Street Address		Street Address								
City	State	Zip	City	,		Zıp				
Director Name		Director Name								
Street Address			Street Address							
City	State	Zip	City		State	Zip				
9. Shares Authorized		10. Shares Issue		Check the box to indicate an attachment						
This information is currently of record in the Department of State.		NUMBER OF S	HARES	CLASS/SERIES		PAR VALUE				
		1000		Common		\$.01				
Changes require an additional filing										
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  Date										
Marco A. Pacheco, President	,,				2/20/21					
Signature of Authorized Represer	ntative				<del></del>					

MAIL TO

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos ri.gov