



RI SOS Filing Number: 202193683840 Date: 3/5/2021 4:00:00 PM  
State of Rhode Island

**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**

**MAR 05 2021**

**10930**

**STAMP**

1. Entity ID Number 144602		2. Exact name of the Corporation MARCELLO CHRISTOPHER, INC.												
3. Principal Office Address 1669 MINERAL SPRING AVENUE			City NORTH PROVIDENCE	State RI	Zip 02904									
4. NAICS Code 541990		6. Brief description of the character of business conducted in Rhode Island TO OPERATE A DRY CLEANING BUSINESS												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name THOMAS VILLELLA			Vice-President Name											
Street Address 22 BROOKFARM ROAD			Street Address											
City N. PROVIDENCE	State RI	Zip 02904	City	State	Zip									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name THOMAS VILLELLA			Director Name											
Street Address 22 BROOKFARM ROAD			Street Address											
City NORTH PROVIDENCE	State RI	Zip 02904	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
This information is currently of record in the Department of State.  Changes require an additional filing.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">NUMBER OF SHARES</th> <th style="width: 33%;">CLASS/SERIES</th> <th style="width: 33%;">PAR VALUE</th> </tr> <tr> <td>300</td> <td>COMMON</td> <td>0.00</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	300	COMMON	0.00			
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300	COMMON	0.00												
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.														
<b>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.</b>														
Name of Authorized Representative THOMAS VILLELLA - PRESIDENT				Date 1-30-2021										
Signature of Authorized Representative 														

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