



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
CorporationFEB 02 2023 *STAMP*

9359

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000091849		2. Exact name of the Corporation Mars 2000, Inc.			
3. Principal Office Address 40 Agnes Street			City Providence	State RI	Zip 02909
4. NAICS Code 316210		6. Brief description of the character of business conducted in Rhode Island To manufacture, sell and otherwise deal in plastic related products.			
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 Karl Krikorian			Vice-President Name Karl Krikorian		
Street Address 40 Agnes Street			Street Address 40 Agnes Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Karl Krikorian			Treasurer Name Karl Krikorian		
Street Address 40 Agnes Street			Street Address 40 Agnes Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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"/>			Check the box to indicate an attachment <input type="checkbox"/>		
			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.			Check the box to indicate an attachment <input type="checkbox"/>		
			Check the box to indicate an attachment <input type="checkbox"/>		
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.			Date 1/31/23		
Name of Authorized Representative K. Jason Krikorian			Date 1/31/23		
Signature of Authorized Representative <i>K. Jason Krikorian</i>					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021