



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2023 FEB 10 10:11:23

1. Entity ID Number <u>114078</u>		2. Exact name of the Corporation <u>Marysia's Custom Tailoring & Dry Cleaning Inc</u>			
3. Principal Office Address <u>832 Hope St</u>		City <u>Providence</u>		State <u>RI</u>	Zip <u>02906</u>
4. NAICS Code <u>812320</u>		6. Brief description of the character of business conducted in Rhode Island <u>Drop off Dry cleaning & alterations</u>			
5. State of Incorporation <u>R.I</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Maria Soares</u>			Vice-President Name <u>Tanya Helin</u>		
Street Address <u>37 Mark Dr</u>			Street Address <u>14 Beach St</u>		
City <u>Lincoln</u>	State <u>RI</u>	Zip <u>02865</u>	City <u>Mills</u>	State <u>MA</u>	Zip <u>02054</u>
Secretary Name <u>Maria Soares</u>			Treasurer Name <u>Tanya Helin</u>		
Street Address <u>37 Mark Dr</u>			Street Address <u>14 Beach St</u>		
City <u>Lincoln R</u>	State <u>RI</u>	Zip <u>02865</u>	City <u>Mills</u>	State <u>MA</u>	Zip <u>02054</u>
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"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			<u>\$10.00</u>		
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 <u>Maria Soares</u>				Date <u>2-10-23</u>	
Signature of Authorized Representative <u>Maria Soares</u>				FILED <u>FEB 10 2023</u> BY <u>4968</u>	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov