



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Corporation

FEB 13 2023
 BY 7048
 RS

- 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 58374		2. Exact name of the Corporation M.L. Roberts, Inc			
3. Principal Office Address 8 Industrial Lane Suite 1			City Johnston	State RI	Zip 02919
4. NAICS Code 423990		6. Brief description of the character of business conducted in Rhode Island Importer - Raw component parts for the costume jewelry trade.			
5. State of Incorporation R.I					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert D. Valvo			Vice-President Name Robert D. Valvo		
Street Address 408 Comstock Pkwy.			Street Address 408 Comstock Pkwy.		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Robert D. Valvo			Treasurer Name Robert D. Valvo		
Street Address 408 Comstock Pkwy. -			Street Address 408 Comstock Pkwy.		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name none			Director Name none		
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. 5000 Common No Par Value Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			50		Common
			PAR VALUE		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 Robert D. Valvo					Date 2/2/2023
Signature of Authorized Representative 					

MAIL TO:
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 Website: www.sos.ri.gov