



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
 RI DEPT. OF STATE
 BUS SVCS

1. Entity ID Number <u>001733689</u>		2. Exact name of the Corporation <u>Marroquin Enterprise Inc</u>			
3. Principal Office Address <u>9 Altos St</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	
4. NAICS Code <u>238330</u>		6. Brief description of the character of business conducted in Rhode Island <u>Flooring installation</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>Edgar O Marroquin Sosa</u>			Vice-President Name		
Street Address <u>9 Altos St</u>			Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<u>1,000.00</u>		<u>STK</u>	<u>0.010</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>Edgar Marroquin Sosa</u>				Date <u>3/6/23</u>	
Signature of Authorized Representative <u>Edgar Marroquin Sosa</u>				FILED	
MAR 06 2023					

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

BY: [Signature] VSIND
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