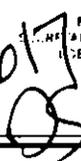


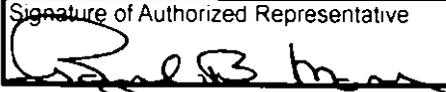


State of Rhode Island
Department of State - Business Services Division

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.

FILED
STAMP
MAR 10 2023
 BY 3001  FOR SECRETARY OF STATE
 DEPT. OF STATE

1. Entity ID Number 7708		2. Exact name of the Corporation MARR OFFICE EQUIPMENT, INC.			
3. Principal Office Address 751 Main Street		City Pawtucket	State RI	Zip 02860	
4. NAICS Code 811111	6. Brief description of the character of business conducted in Rhode Island Purchase, sale, lease, rent, distribute, repair and service office equipment and supplies.				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Raymond B. Marr			Vice-President Name Michael Marr		
Street Address 495 Red Chimney Drive			Street Address 72 Thomas Avenue		
City Warwick	State RI	Zip 02886	City Pawtucket	State RI	Zip 02860
Secretary Name Raymond B. Marr			Treasurer Name Michael Marr		
Street Address 495 Red Chimney Drive			Street Address 72 Thomas Avenue		
City Warwick	State RI	Zip 02886	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Raymond B. Marr			Director Name Michael Marr		
Street Address 495 Red Chimney Drive			Street Address 72 Thomas Avenue		
City Warwick	State RI	Zip 02886	City Pawtucket	State RI	Zip 02860
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	
		32.46		Common	
		395		Non-Voting	
		PAR VALUE		PAR VALUE	
				no 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 Raymond B. Marr				Date 2/28/23	
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