



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

MAR 10 2023 STAMP

BY

1. Entity ID Number 85548		2. Exact name of the Corporation MARR PROPERTIES, INC.			
3. Principal Office Address 751 Main Street		City Pawtucket	State RI	Zip 02860	
4. NAICS Code 531110	6. Brief description of the character of business conducted in Rhode Island Deal in and with real or personal property.				
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 Michael Marr			Treasurer Name Raymond B. Marr		
Street Address 72 Thomas Avenue			Street Address 495 Red Chimney Drive		
City Pawtucket	State RI	Zip 02860	City Warwick	State RI	Zip 02886
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					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES 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 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