



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 OCT 12 P 4:00

1. Entity ID Number 001719867		2. Exact name of the Corporation Marathon Administrative Co Inc.			
3. Principal Office Address 3355 W. Alabama, Suite 1200			City Houston	State TX	Zip 77098
4. NAICS Code 52429		6. Brief description of the character of business conducted in Rhode Island Develop, distribute, and administer service programs			
5. State of Incorporation Oklahoma					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name John Bracken Bryan			Vice-President Name Chris S. Lewis		
Street Address 3355 W. Alabama, Suite 1200			Street Address 3355 W. Alabama, Suite 1200		
City Houston	State TX	Zip 77098	City Houston	State TX	Zip 77098
Secretary Name Chris S. Lewis			Treasurer Name Chris S. Lewis		
Street Address 3355 W. Alabama, Suite 1200			Street Address 3355 W. Alabama, Suite 1200		
City Houston	State TX	Zip 77098	City Houston	State TX	Zip 77098
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name John Bracken Bryan			Director Name		
Street Address 3355 W. Alabama, Suite 1200			Street Address		
City Houston	State TX	Zip 77098	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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. <b>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.</b>					
Name of Authorized Representative John Bracken Bryan					Date 10/12/2023
Signature of Authorized Representative <i>John Bracken Bryan</i>					FILED OCT 12 2023 4:02pm

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 LKS M2VAV

FORM 630- Revised 04/2023