



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

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 12 2024BY 2024

1. Entity ID Number 109471		2. Exact name of the Corporation M A R Construction, Inc.			
3. Principal Office Address 25 Sextant Lane			City Narragansett	State RI	Zip 02882
4. NAICS Code 212321		6. Brief description of the character of business conducted in Rhode Island Construction and remodeling in all phases of the construction industry.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Michael R. Martone			Vice-President Name Michael R. Martone		
Street Address 22 Sextant Lane			Street Address same		
City Narragansett	State RI	Zip 02882	City	State	Zip
Secretary Name Michael R. Martone			Treasurer Name Michael R. Martone		
Street Address same as above			Street Address same		
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 Michael R. Martone			Director Name		
Street Address same as above			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.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/IFRS	
		PAR VALUE			
		250	common	none	
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 Michael R. Martone				Date 2/26/2024	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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