



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.

APR 01 2024

STAMP

FOR  
SECRETARY OF STATE  
USE ONLY

1. Entity ID Number <b>000091849</b>		2. Exact name of the Corporation <b>Mars 2000, Inc.</b>			
3. Principal Office Address <b>40 AGNES STREET</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>
4. NAICS Code <b>31-33 MANUFACTURING</b>		6. Brief description of the character of business conducted in Rhode Island <b>TO MANUFACTURE, SELL AND OTHERWISE DEAL IN PLASTIC RELATED PRODUCTS</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>KARL KIRKORIAN</b>			Vice-President Name <b>KARL KIRKORIAN</b>		
Street Address <b>40 AGNES STREET</b>			Street Address <b>40 AGNES STREET</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>
Secretary Name <b>KARL KIRKORIAN</b>			Treasurer Name <b>KARL KIRKORIAN</b>		
Street Address <b>40 AGNES STREET</b>			Street Address <b>40 AGNES STREET</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <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		
			100	COMMON	NO PAR
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 <b>KARL KIRKORIAN</b>					Date <b>2/15/24</b>
Signature of Authorized Representative 					

MAIL TO:  
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Website: [www.sos.ri.gov](http://www.sos.ri.gov)