



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 000091849		2. Exact name of the Corporation Mars 2000, Inc.			
3. Principal Office Address 40 AGNES STREET		City PROVIDENCE		State RI	Zip 02909
4. NAICS Code 31-33 MANUFACTURING		6. Brief description of the character of business conducted in Rhode Island TO MANUFACTURE, SELL AND OTHERWISE DEAL IN PLASTIC RELATED PRODUCTS			
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 KARL KIRKORIAN			Vice-President Name KARL KIRKORIAN		
Street Address 40 AGNES STREET			Street Address 40 AGNES STREET		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
Secretary Name KARL KIRKORIAN			Treasurer Name KARL KIRKORIAN		
Street Address 40 AGNES STREET			Street Address 40 AGNES STREET		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 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	PAR VALUE
		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. 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 KARL KIRKORIAN					Date 2/15/24
Signature of Authorized Representative 					

MAIL TO:
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Website: www.sos.ri.gov