RI SOS Filing Number: 202461755590 Date: 12/20/2024 4:00:00 PM

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State of Rhode Is	aland				·		•		
Department of St		s S	ervices Division	1				•	
Annual Report for the year: 2025				DEC 20 2024 10 1099 1002					
→ Filing period: February 1 - May 1				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
→ Filing Fee: \$50.00				011000					
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.									
•	•	•	·						
1. Entity ID Number	2. Exact name of	of the	e Corporation					•	
000746404	MARYLOU'S NEWS, INC.								
3. Principal Office Address				City State Zip					
183 WHITING STREET			•	HINGHAM _			MA	02043	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island								
445299									
5. State of Incorporation									
MA	CONVENIE	ENC	CE						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment				
President Name				Vice-President Name					
MARYLOU SANDRY				RONALD SANDRY					
Street Address				Street Address					
23 SHIPYARD DRIVE				23 SHIPYARD DRIVE					
City	State Zip			City	′		1	Zip	
HINGHAM	MA		2043	HING! Treasurer		MA		02043	
Secretary Name									
MARYLOU SANDRY Street Address				RONALD SANDRY Street Address					
23 SHIPYARD DRI		HIPYARD DRI			·				
City	State	Zip	\	City	MIPIAKU UKI	State	1:		
HINGHAM '	MA	I '		1 · 1		MA	1	02043	
8. List ALL directors (names and addresses)				Check the box to indicate an attachment					
Director Name					Director Name				
MARYLOU SANDRY				RONALD SANDRY					
Street Address				Street Address					
23 SHIPYARD DRIVE				23 SHIPYARD DRIVE					
City	State	Zip		City		State	12	Zip	
HINGHAM	MA	C	2043	HING	HAM	MA	l_	02043	
Director Name				Director Name					
Street Address					Charles Address				
Street Address			. Street Address		iress				
City	State	Zip	1	City		State	1		
		<u> </u>				L	_ 1		
9. Shares Authorized			10. Shares Issued		Ch	eck the box	to indica	ite en attachment	
This information is currently of record in the Department of State.			NUMBER OF SHARES		CLASS/SERIES		PAR VALUE		
Changes require an additional filing.			1334	l COMMON			1334		
			L.,		<u> </u>				
11. This report must be executed ceiver or trustee, this report must						on is in the	hands of	a re-	
Under penalty of perjury, I						any accoi	mpanyir	ng schedules and	
statements, and that all statements contained herein are true and correct.									
Name of Authorized Representa	ative					0)ate	1/4/511	
Cianatum of Authorized Decree	notative 4 4	_		<u> </u>	/)		/c	9/16/21	
Signature of Authorized Representative Many LOU SANDRY Many Company Many LOU SANDRY Many Company Sandry San									
MAIL TO:									

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov