



**State of Rhode Island**  
**Department of State - Business Services Division**

Annual Report for the year: **2025**

**Corporation**

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FIELD STAMP**

**JAN 31 2025**  
 BY 6316

1. Entity ID Number <b>000098264</b>		2. Exact name of the Corporation <b>Mario's Reconditioned Appliance, Inc.</b>										
3. Principal Office Address <b>968 Elm Street</b>		City <b>Woonsocket</b>	State <b>RI</b>									
		Zip <b>02895</b>										
4. NAICS Code <b>811490</b>	6. Brief description of the character of business conducted in Rhode Island <b>To provide goods and/or services in connection with appliance repair and refurbishment.</b>											
5. State of Incorporation <b>RI</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>Mario Cloutier</b>		Vice-President Name <b>Mario Cloutier</b>										
Street Address <b>968 Elm Street</b>		Street Address <b>968 Elm Street</b>										
City <b>Woonsocket</b>	State <b>RI</b>	City <b>Woonsocket</b>	State <b>RI</b>									
Zip <b>02895</b>		Zip <b>02895</b>										
Secretary Name <b>Stacy Corrigan</b>		Treasurer Name <b>Stacy Corrigan</b>										
Street Address <b>968 Elm Street</b>		Street Address <b>968 Elm Street</b>										
City <b>Woonsocket</b>	State <b>RI</b>	City <b>Woonsocket</b>	State <b>RI</b>									
Zip <b>02895</b>		Zip <b>02895</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	City	State									
Zip		Zip										
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>1,000</b></td> <td><b>Common</b></td> <td><b>No Par</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>1,000</b>	<b>Common</b>	<b>No Par</b>			
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<b>1,000</b>	<b>Common</b>	<b>No Par</b>										
Changes require an additional filing.												
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>Mario Cloutier, President</b>			Date <b>1/21/2025</b>									
Signature of Authorized Representative 												

**MAIL TO:**

**Division of Business Services**

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

Phone: (401) 222-3040

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