RI SOS Filing Number: 202569733120 Date: 4/9/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
APR 09 2025
BY 36184

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.

1. Entity ID Number	2. Exact name of the Corporation
7708	MARR OFFICE EQUIPMENT, INC.

3. Principal Office Address	City	State	Zip
751 Main Street	Pawtucket	RI	02860

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
811111	Purchase, sale, lease, rent, distribute, repair and service office equipment and supplies.
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Raymond B. Marr	Michael Marr
Street Address: 495 Red Chimney Drive	Street Address: 72 Thomas Avenue
City: Warwick, State: RI, Zip: 02886	City: Pawtucket, State: RI, Zip: 02860
Secretary Name: Raymond B. Marr	**Treasurer Name:** Michael Marr
Street Address: 495 Red Chimney Drive	Street Address: 72 Thomas Avenue
City: Warwick, State: RI, Zip: 02886	City: Pawtucket, State: RI, Zip: 02860

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Raymond B. Marr	Michael Marr
Street Address: 495 Red Chimney Drive	Street Address: 72 Thomas Avenue
City: Warwick, State: RI, Zip: 02886	City: Pawtucket, State: RI, Zip: 02860
Director Name	Director Name
Street Address	Street Address
City, State, Zip	City, State, Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
32.46	Common	no par value
395	Non-Voting	no par value

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: Raymond B. Marr
Date: 3/13/25
Signature of Authorized Representative: Raymond B. Marr

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised 12/2023