



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Corporation

2025

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RI SOS BSD
25 APR 28 PM 1:55:06

1. Entity ID Number 114078		2. Exact name of the Corporation Marysia's Custom Tailoring & Dry Cleaning			
3. Principal Office Address 832 HOPE ST		City PROVIDENCE		State RI	Zip 02906
4. NAICS Code 812320		6. Brief description of the character of business conducted in Rhode Island DROP OF DRY cleaning & Alterations			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARIA SOARES			Vice-President Name TANYA HELIN		
Street Address 37 MARK DR			Street Address 14 Beach ST		
City LINCOLN	State RI	Zip 02865	City MILLIS	State MASS	Zip 02054
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		
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 MARIA SOARES					Date 4-28-25
Signature of Authorized Representative MARIA SOARES					

FILED

APR 28 2025

BY

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