RI SOS Filing Number: 200700800210 Date: 09/25/2007 4:00 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
*Office of the Secretary of State*

*Corporations Divi*
*148 W. Rive*
*Providence, RI 02904-2*
*401.222.3*

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

***Filing Period: January 1 - March 1 • Filing Fee: $50.00**** THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

| 1. Corporate ID No. | 2. Name of Corporation | | | |
|---|---|---|---|---|
| 143986 | The Corner Pocket Inc. | | | |
| 3. Street Address Principal Business Office | | City | State | Zip |
| 1428 Hartford AVE | | Johnston | RI | 02919 |
| 4. Business Phone No. | 5. State of Incorporation | | | |
| (401) 383-9889 | Rhode ISLAND | | | |

6. Brief Description of the Character of Business Conducted in Rhode Island
The operation of a Liquor Lounge

**7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

| President | Street Address | City | State | Zip |
|---|---|---|---|---|
| Michael Corticelli | 59 Brayton Rd | Smithfield | RI | 02917 |

| Vice President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Alan Corticelli | 38 Barton St. | Woonsocket | RI | 02895 |

| Secretary Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Michael Corticelli | 59 Brayton Rd | Smithfield | RI | 02917 |

| Treasurer Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Michael Corticelli | 59 Brayton Rd | Smithfield | RI | 02917 |

**8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| None | | | | |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| None | | | | |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

**9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)** ☐

AUTHORIZED SHARES

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 100 | — | none |

**10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 100 | — | none |

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.

[redacted] [redacted]

FILED
File Date SEP 25 2007
Check No. 2051
By:

Under penalty of perjury, I declare and affirm that I have examined this repor including any accompanying schedules and statements, and that all statement contained herein are true and correct.

Michael Corticelli 9-18-2007
*Signature* *Date*

Michael Corticelli President
*Print or Type Name*