



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-261
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

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. 142377	2. Name of Corporation The Plaza Gift Shop, Inc.		
3. Street Address Principal Business Office 31 Hillcrest Avenue	City Smithfield	State RI	Zip 02828
4. Business Phone No.	5. State of Incorporation Rhode Island		

6. Brief Description of the Character of Business Conducted in Rhode Island
TO OPERATE A GIFT SHOP

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

President Name Laurieanna Fellela			Vice President Name Laurieanna Fellela		
Street Address 31 Hillcrest Avenue			Street Address 31 Hillcrest Avenue		
City Smithfield	State RI	Zip 02828	City Smithfield	State RI	Zip 02828
Secretary Name Laurieanna Fellela			Treasurer Name Laurieanna Fellela		
Street Address 31 Hillcrest Avenue			Street Address 31 Hillcrest Avenue		
City Smithfield	State RI	Zip 02828	City Smithfield	State RI	Zip 02828

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

Director Name Laurieanna Fellela			Director Name		
Street Address 31 Hillcrest Avenue			Street Address		
City Smithfield	State RI	Zip 02828	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
2,000 COMM NO PAR VALUE		

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	Common	No Par

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.

File Date **FILED**

Check No. **JAN 24 2008**

By: **By 2068**

FOR SECRETARY OF STATE USE ONLY

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

Signature
Date **1/21/08**
Laurieanna Fellela
Print or Type Name
President
Title