



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 02904-2615  
401.222.3040

# 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. 122063		2. Name of Corporation AND THE BEADZ GO ON, INC.			
3. Street Address Principal Business Office 1 WEST MAIN STREET		City N. KINGSTOWN	State RI	Zip 02852	
4. Business Phone No. 401.268.3899		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island RETAIL YARN & BEAD STORE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MARTHA A. WISSING		Vice President Name MARTHA A. WISSING			
Street Address 30 STEAMBOAT AVE.		Street Address 30 STEAMBOAT AVE.			
City N. KINGSTOWN	State RI	Zip 02852	City N. KINGSTOWN	State RI	Zip 02852
Secretary Name MARTHA A. WISSING		Treasurer Name MARTHA A. WISSING			
Street Address 30 STEAMBOAT AVE.		Street Address 30 STEAMBOAT AVE.			
City N. KINGSTOWN	State RI	Zip 02852	City N. KINGSTOWN	State RI	Zip 02852
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MARTHA A. WISSING		Director Name			
Street Address 30 Steamboat Ave.		Street Address			
City N. KINGSTOWN	State RI	Zip 02852	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>
AUTHORIZED SHARES			ISSUED SHARES - THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	STK	0.00	1000	STK	0.00
THIS SECTION MUST BE COMPLETED			THIS SECTION MUST BE COMPLETED		

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.

FILED  
File Date FEB 08 2008  
Check No.  
By 049266  
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 statements contained herein are true and correct.

Signature Martha A. Wissing Date 2/5/08  
Print or Type Name MARTHA A. WISSING  
Title President