



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 2009

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. 86351		2. Name of Corporation Brookstone Stores, Inc.			
3. Street Address Principal Business Office One Innovation Way			City Merrimack	State NH	Zip 03054
4. Business Phone No. 603-880-9500		5. State of Incorporation New Hampshire			
6. Brief Description of the Character of Business Conducted in Rhode Island Retail Store Operation					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Louis Mancini			Vice President Name Philip Roizin		
Street Address One Innovation Way			Street Address One Innovation Way		
City Merrimack	State NH	Zip 03054	City Merrimack	State NH	Zip 03054
Secretary Name Philip Roizin			Treasurer Name Thomas Moynihan		
Street Address One Innovation Way			Street Address One Innovation Way		
City Merrimack	State NH	Zip 03054	City Merrimack	State NH	Zip 03054
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Louis Mancini			Director Name		
Street Address One Innovation Way			Street Address		
City Merrimack	State NH	Zip 03054	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 10	Class/Series Common	Par Value 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.

File Date	FILED
Check No.	FEB 19 2009
By:	By 1105194
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 Date **2/10/09**
Thomas F. Moynihan
Print or Type Name
Assistant Treasurer
Title