

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. 2009

* 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(ccdd)) is

subject to a penalty fee of \$25. 1. Corporate ID No.		restices.		·		
118321		2. Name of Corporation Sweet Cakes, Inc.				
3. Street Address Principal Business Office 1227 Kingstown Road			City Peace Dale	State RI	^{ズφ} 02879	
4. Business Phone No. 5. State of Incorporation RHODE ISLAND						
6. Brief Description of the Cha To engage in the bake						
	ESSES OF THE OFFI	CERS: ("X" BOX FOR ATTA	·	SPACES BEFORE USING	ATTACHMENTS	
President Name Betsy Rosengarden			Vice President Name Sarah Patten			
Street Address 57 Dixon Street			Street Address 35 Schaeffer Street, Apt. 190			
City Wakefield	State RI	^{Zip} 02879	City Wakefield	State RI	^{Zip} 02879	
Secretary Name Sarah Patten			Treasurer Name Betsy Rosengarden			
Street Address Same			Street Address Same			
City	State	Zip	City	State	Zip	
8. NAMES AND ADDRE	I ESSES OF THE DIRE	CTORS: ("X" BOX FOR AT	TACHMENT) TILL I	N SPACES BEFORE USIN	G ATTACHMENTS	
Street Address			Street Address			
City	State	Zip	City	State	Zψ	
Director Name			Director Name			
Street Address			Street Address			
Сйу	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
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.			Number of Shares	Class/Series	Par Value	
			200	Common	-0-	
			6.6%			
		e corporation by an authorize corporation by the receiver		corporation is in the hand	s of a receiver or trustee,	
	aica on ochan or the	corporation by the receiver	or dustee.			
			Under penalty of	perjury, I declare and affirm	that I have examined this repo	
			including any acq	companying\schedules and start true and former.	atements, and that all statemen	
File Date	ED	<u></u> .	Signature	CORLYN C	26 19 Date	
Check No. MAR 0 2	2009		Besty Rosengarden			
By: - By	84	<u></u>	Print or Type Nam President	Print or Type Name President		
FOR SECRETARY	OF STATE USE ONLY		Title			