



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. <b>422040</b>		2. Name of Corporation <b>MMR Handmade RI Inc</b>		
3. Street Address Principal Business Office <b>28 Cromwell DR</b>		City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>
4. Business Phone No. <b>401-682-2714</b>		5. State of Incorporation <b>RHODE ISLAND</b>		
6. Brief Description of the Character of Business Conducted in Rhode Island <b>To sell baby clothes on line.</b>				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <b>Margaret Rattay</b>		Vice President Name <b>Margaret RATTAY</b>		
Street Address <b>28 CROMWELL DR</b>		Street Address <b>28 CROMWELL DR</b>		
City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>Portsmouth</b>	State <b>RI</b>
Secretary Name <b>Margaret Rattay</b>		Treasurer Name <b>Margaret RATTAY</b>		
Street Address <b>28 Cromwell DR</b>		Street Address <b>28 Cromwell DR</b>		
City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>Portsmouth</b>	State <b>RI</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <b>NONE</b>		Director Name <b>NONE</b>		
Street Address <b>NONE</b>		Street Address <b>NONE</b>		
City <b>NONE</b>	State <b>NONE</b>	Zip <b>NONE</b>	City <b>NONE</b>	State <b>NONE</b>
Director Name <b>NONE</b>		Director Name <b>NONE</b>		
Street Address <b>NONE</b>		Street Address <b>NONE</b>		
City <b>NONE</b>	State <b>NONE</b>	Zip <b>NONE</b>	City <b>NONE</b>	State <b>NONE</b>
9. SHARES AUTHORIZED <b>NONE</b>		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> <b>100</b>		
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 <b>NONE</b>	Class/Series <b>N/A</b>	Par Value <b>N/A</b>
		<b>NONE</b>	<b>N/A</b>	<b>N/A</b>

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.

Custom ID vx 4x+2

File Date **FILED**

Check No. **MAR 02 2009**

By: **1134**

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 **Margaret M Rattay** Date **2/24/09**

Print or Type Name **Margaret M RATTAY**

Title **President, Vice President, Secretary**

**Treasurer**