



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. 181465		2. Name of Corporation Emma's Edibles, Inc.			
3. Street Address Principal Business Office 173 Greenwood Avenue			City Warwick	State RI	Zip 02886
4. Business Phone No.		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Preparation and sale of candies					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Sara M. Clarke			Vice President Name		
Street Address 173 Greenwood Avenue			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name Cortlandt Clarke, Jr.			Treasurer Name Rebecca S. Clarke		
Street Address 173 Greenwood Avenue			Street Address 173 Greenwood Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Sara M. Clarke			Director Name Rebecca S. Clarke		
Street Address 173 Greenwood Avenue			Street Address 173 Greenwood Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name Cortlandt Clarke, Jr.			Director Name Penny E. Clarke		
Street Address 173 Greenwood Avenue			Street Address 173 Greenwood Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
800	COMM NO PAR VALUE		400	Common	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 3-9-09
Check No. 192
By: MNC
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 Cortlandt Clarke, Jr. Date 2-20-09
Print or Type Name CORTLANDT CLARKE, JR.
Title Secretary