



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **35798**
2. Name of Corporation **THE COOKIE JAR COMPANY**
3. Street Address Principal Business Office
29 BOWENS Wharf
4. Business Phone No. **401.846.5078**
5. State of Incorporation **RHODE ISLAND**

City **NPT.** State **R.I.** Zip **02840**
6. SIC Code **3236**

7. Brief Description of the Character of Business Conducted in Rhode Island
Retail Cookie Sales

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **Jay H. Weibel**
Street Address **57 HARRISON Ave**
City **NPT** State **R.I.** Zip **02840**
Secretary Name **Same.**
Street Address
City State Zip

Vice President Name **Kathleen Weibel**
Street Address **57 HARRISON Ave**
City **NPT** State **R.I.** Zip **02840**
Treasurer Name **Same**
Street Address
City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **Jay H. Weibel**
Street Address **57 HARRISON Ave**
City **NPT** State **R.I.** Zip **02840**
Director Name **Same**
Street Address
City State Zip

Director Name **Kathleen Weibel**
Street Address **57 HARRISON Ave**
City **NPT** State **R.I.** Zip **02840**
Director Name **Sam**
Street Address
City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 \$1.00 PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Comm 1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 3 5 7 9 8 *

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 of Officer **Jay H. Weibel** Date **3-30-02**
Print or Type Name of Officer **Jay H. Weibel Pres**
Title of Officer **Pres.**

File Date: **7-30-02**

Check No.: **3187**

By: **[Signature]**

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