

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 003^B Annual Report for the year: 1994
THE COOKIE JAR COMPANY

Name of Business Entity: _____

Business entity organized under the laws of the State of: Rhode Island

Federal Taxpayer Identification Number: _____

For foreign entity, address and telephone number of principal office:

Phone: () _____

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

Bowen's Wharf

Newport, Rhode Island 02840

Phone: (401) 846-5078

Business Entity is (check one):

- ☒ Business Corporation (See RIGL Chapter 7-1.1)
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Jay H. Weibel, President

57 Harrison Avenue

Newport, Rhode Island 02840

Brief statement of the character of business conducted in Rhode Island:
to sell cookies, food and other products

Date of Organization: September 9, 1985

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One) <u>Jay H. Weibel</u>	<u>57 Harrison Avenue</u>	<u>Newport, Rhode Island</u>	<u>02840</u>
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One) <u>Kathleen L. Weibel</u>	<u>57 Harrison Avenue</u>	<u>Newport, Rhode Island</u>	<u>02840</u>
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One) <u>Jay H. Weibel</u>	<u>57 Harrison Avenue</u>	<u>Newport, Rhode Island</u>	<u>02840</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One) <u>Kathleen L. Weibel</u>	<u>57 Harrison Avenue</u>	<u>Newport, Rhode Island</u>	<u>02840</u>
<u>Alexander G. Walsh, Asst. Secretary</u>	<u>366 Thames Street, Newport, RI</u>	<u>02840</u>	<u>02840</u>
NAME <u>Jay H. Weibel</u>	STREET ADDRESS <u>57 Harrison Avenue</u>	CITY/STATE <u>Newport, Rhode Island</u>	ZIP CODE <u>02840</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Jay H. Weibel</u>	<u>57 Harrison Avenue</u>	<u>Newport, Rhode Island</u>	<u>02840</u>

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
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NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER <u>1,000</u>	NUMBER <u>100</u>
CLASS <u>common</u>	CLASS <u>common</u>
SERIES	SERIES
PAR VALUE OR WITHOUT PAR <u>1.00</u>	PAR VALUE OR WITHOUT PAR <u>1.00</u>

Date February 22, 19 94

By: _____

Alexander G. Walsh

PRINT OR TYPE NAME OF OFFICER SIGNING

Assistant Secretary

TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

ALEXANDER G. WALSH
366 THAMES STREET
NEWPORT RI 02840