



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 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

113320

True-Scent Candles, Inc.

3. Street Address Principal Business Office

396 Roosevelt Avenue

City

Central Falls

State

RI

Zip

02863

4. Business Phone No.

(401) 722-1244

5. State of Incorporation

RHODE ISLAND

6. SIC Code

1883

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

The crafting and sale of scented candles

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

John J. Deshaies

Vice President Name

George A. Gagnon

Street Address

396 Roosevelt Avenue

Street Address

396 Roosevelt Avenue

City

Central Falls RI

Zip

02863

City

Central Falls RI

Zip

02863

Secretary Name

George A. Gagnon

Treasurer Name

John J. Deshaies

Street Address

396 Roosevelt Avenue

Street Address

396 Roosevelt Avenue

City

Central Falls RI

Zip

02863

City

Central Falls RI

Zip

02863

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

John J. Deshaies

Director Name

Street Address

Street Address

396 Roosevelt Avenue

City

Central Falls RI

Zip

02863

City

State

Zip

Director Name

George A. Gagnon

Director Name

Street Address

Street Address

396 Roosevelt Avenue

City

Central Falls RI

Zip

02863

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1000

Common

None

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



* 1 1 3 3 2 0 *

File Date:

2/19/03

Check No.:

3479

By:

82

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.

George A. Gagnon 2-6th 03
Signature of Officer Date

George A. Gagnon

Print or Type Name of Officer

Secretary

Title of Officer

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Form 630 12/02