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

Corporations Divisio
100 North Main Street, Providence, RI 02903-133
401-222-304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 113320

2. Name of Corporation 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
Street Address 48 Kossuth Street
City Pawtucket *State* RI *Zip* 02860

Vice President Name George A. Gagnon
Street Address 48 Kossuth Street
City Pawtucket *State* RI *Zip* 02860

Secretary Name George A. Gagnon
Street Address 48 Kossuth Street
City Pawtucket *State* RI *Zip* 02860

Treasurer Name John J. Deshaies
Street Address 48 Kossuth Street
City Pawtucket *State* RI *Zip* 02860

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

Director Name John J. Deshaies
Street Address 48 Kossuth Street
City Pawtucket *State* RI *Zip* 02860

Director Name
Street Address
City *State* *Zip*

Director Name George A. Gagnon
Street Address 48 Kossuth Street
City Pawtucket *State* RI *Zip* 02860

Director Name
Street Address
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: 3/1

Check No.: 2840

By: a

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 of Officer George A Gagnon *Date*

Print or Type Name of Officer GEORGE A GAGNON

Title of Officer SECRETARY

Form 630 12/00