

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 2011 401.222.30 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(codd)) is subject to a penalty fee of \$25.00.

1 Combonata ID Ma					
1. Corporate ID No. 4947	Country Mo	2. Name of Corporation Country Mouse, Inc. c/o Elaine Morisseau			
3. Street Address Principal Business Office 580 Great Road			City North Smithfield	State RI	<sup>Zip</sup> 02896
4. Business Phone No. 401-762-5499					02890
6. Brief Description of the Chard Sales of arts & craft sup	ucter of Business Conduc oplies, instrustions,	ted in Rhode Island flowers & other related sen	/ices		
7. NAMES AND ADDRES	SES OF THE OFFI	CERS: ("X" BOX FOR ATTA	ACHMENT) [ FILL IN SI	PACES BEFORE USING	G ATTACHMENTS
Elaine Morisseau			Vice President Name Elaine Morisseau		
Street Address 482 Great Road			Street Address Same		
City North Smithfield	Siale RI	<sup>Zip</sup> 02896	City	State	Zip
Secretary Name Elaine Morisseau			Treasurer Name Elaine Morisseau		
Street Address Same			Street Address Same		
Tity	State	Zip	City	State	Zip
Elaine Morisseau	SES OF THE DIRE	CTORS: ("X" BOX FOR ATT	TACHMENT)  FILL IN :	SPACES BEFORE USIN	  G ATTACHMENTS
reet Address 82 Great Road			Street Address		
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ity	State	Zip	City	State	Zin
ty Iorth Smithfield	State RI	Zip 02896	City	State	Zip
ity North Smithfield irector Name	ľ		City Director Name	State	Zip
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ity North Smithfield irector Name reet Address	ľ		Director Name	State State	Zip Zip
ity North Smithfield irector Name reet Address	RI	02896	Director Name  Street Address  City  10. SHARES ISSUED (	State "X" BOX FOR ATTAC	Zip HMENT)
Ity	State	Office of the Secretary of	Director Name  Street Address  City	State "X" BOX FOR ATTAC	Zip HMENT)
ity North Smithfield irector Name reet Address ity SHARES AUTHORIZED	State	Office of the Secretary of	Director Name  Street Address  City  10. SHARES ISSUED ( ISSUED SHARES — THIS SECT	State  "X" BOX FOR ATTACION MUST BE COMPLETED	Zip HMENT) [
North Smithfield  irector Name  reet Address  sty  SHARES AUTHORIZED  This information is currentate. Changes require an	State	Office of the Secretary of	Director Name  Street Address  City  10. SHARES ISSUED ( ISSUED SHARES — THIS SECT Number of Sbares	State  "X" BOX FOR ATTACI ION MUST BE COMPLETED  Class/Series	Zip  HMENT)   Par Value

File Date	FILED
Check No.	MAR 0 2 2011
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FOR	SECRETARY OF STATE USE ONLY

including any accompanying schedu	and affirm that I have examined this report, ales and statements, and that all statements
contained herein are true and correct	" · · · · · · · · · · · · · · · · · · ·
Claine Mis	rissean 3/1/11
Signature	Date
Elaine Morisseau	
Print or Type Name	
President	
Title	<del></del>