RI SOS Filing Number: 201176654080 Date: 03/16/2011 4:00 PM

State of Rhode Island and Providence Plantations
Office of the Secretary of State

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

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(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation
153815	MISS GOODIES, INC.

3. Street Address Principal Business Office	City	State	Zip
227 Mendon Road	South Attleboro	MA	02703

4. Business Phone No	5. State of Incorporation
	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
Retail baking and desserts and all other lawful business

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

President Name	Street Address	City	State	Zip
Colleen F. Goyette	227 Mendon Road	South Attleboro	MA	02703

Vice President Name	Street Address	City	State	Zip
Colleen F. Goyette	227 Mendon Road	South Attleboro	MA	02703

Secretary Name	Street Address	City	State	Zip
Colleen F. Goyette	227 Mendon Road	South Attleboro	MA	02703

Treasurer Name	Street Address	City	State	Zip
Colleen F. Goyette	227 Mendon Road	South Attleboro	MA	02703

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

Director Name	Street Address	City	State	Zip
Colleen F. Goyette	227 Mendon Road	South Attleboro	MA	02703

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class Series	Par Value
100	Common	No Par Value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted] [redacted]

FILED

File Date MAR 16 2011

Check No. By MNC

2250

By

FOR SECRETARY OF STATE USE ONLY

60290-18-609490

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.

Colleen F Goyette 1/3/11

Signature Date

Colleen F. Goyette

Print or Type Name

[redacted] President

Title

Form 630 Rev. 08/08