

FOR SECRETARY OF STATE USE ONLY

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- ubject to a penalty fee of \$25.00	1.2-1501(e), each corpon !	ation failing or refusing to file its anni	ial report within thirty (30) days	after the time prescribed by law	υ (R.I.G.L. 7-1.2-1501(v&d)) i	
Corporate ID No. 153815	2. Name of Corpe MISS GOO	2. Name of conpentation MISS GOODIES, INC.				
i, Sired Address Principal Business Office 227 Mendon Road			South Attleboro	MA	02703	
1 Business Phone No 5 State of Incorporation Rhode Island						
 Brief Description of the Chair Retail baking and desse 	erts and all other la	wful business			A PRINT A COAY AS ENDINE	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name Colleen F. Goyette			Vice President Name Colleen F. Goyette			
Street Address 227 Mendon Road			Street Address 227 Mendon Road			
South Attleboro	MA	02703	South Attleboro	MA	^{火炉} 027 0 3	
Servius Name Colleen F. Goyette			Treasurer Name Colleen F. Goyette			
Street Address 227 Mendon Road			Street Address 227 Mendon Road			
շտ South Attleboro	State MA	02703	South Attleboro	MA State	71p 02703	
	SSES OF THE DIRE	CTORS: ("X" BOX FOR ATT	ACHMENT) TILL IN Director Name	SPACES BEFORE USIN	G ATTACHMENTS	
Director Name Colleen F. Goyette			None			
Street Address			Street Address			
227 Mendon Road	State	Zip	GR ₀	State	Zip	
South Attleboro	MA	02703		l	1	
Director Name None			None			
Street Address			Mreet Address			
CHY	State	Zip	CH)	Nate	Zip	
9. SHARES AUTHORIZE	ED.	I		 <i>("X" box for attac</i> Tion <u>must</u> be completed		
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.			Number of Shares	Class Series	Par value	
			100	Common	No Par Value	
This report must be executive report must be executive	cuted on behalf of th	he corporation by an authorize corporation by the receiver	ed representative. If the contrastee	orporation is in the hand	ds of a receiver or trustee	
this report must be exec	ated on behalf of th	e corporation by the receiver	W. Wallet			
	FILED		Under penalty of probably any nec	perjury. I declare and affirm	that I have examined this ratements, and that all state	
				re true and correct.	41/	
Flie Date	AR 16 2011		(1)	ntout	W 1/3/11	
Chaire By MINC			Colleen F. Goyette			
Check No Dy	2250		Colleen F. C Print or Type Nam			
By:	ショクン		President			

Title