



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. 46738		2. Name of Corporation My Angels, Inc.			
3. Street Address Principal Business Office 690 Oaklawn Ave.			City Cranston	State R.I.	Zip 02920
4. Business Phone No. 401-946-5450		5. State of Incorporation R.I.			
6. Brief Description of the Character of Business Conducted in Rhode Island Providing pastries and coffee, wholesale and retail and allied services					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Charles Tsoumakas			Vice President Name Sheila Tsoumakas		
Street Address 1 Alberta Drive			Street Address 1 Alberta Drive		
City Hope	State R.I.	Zip 02831	City Hope	State R.I.	Zip 02831
Secretary Name Charles Tsoumakas			Treasurer Name Sheila Tsoumakas		
Street Address 1 Alberta Drive			Street Address 1 Alberta Drive		
City Hope	State R.I.	Zip 02831	City Hope	State R.I.	Zip 02831
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Charles Tsoumakas			Director Name Sheila Tsoumakas		
Street Address 1 Alberta Drive			Street Address 1 Alberta Drive		
City Hope	State R.I.	Zip 02831	City Hope	State R.I.	Zip 02831
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100	Class/Series Common	Par Value None

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.

FILED	
File Date	MAR 21 2011
Check No.	
By: BY 284	
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: Date: 2/28/11
Charles Tsoumakas
Print or Type Name
President
Title