



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 2008

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. 000139225		2. Name of Corporation StoresOnline, Inc.			
3. Street Address Principal Business Office 160 Greentree Drive, Suite 101			City Dover	State DE	Zip 19904
4. Business Phone No. (801)227-0004		5. State of Incorporation Delaware			
6. Brief Description of the Character of Business Conducted in Rhode Island Internet technology sales					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Clint Sanderson			Vice President Name		
Street Address 1303 N Research Way Bldg. K			Street Address		
City Orem	State UT	Zip 84097	City	State	Zip
Secretary Name Jeff Korn			Treasurer Name Jon Erickson		
Street Address 1303 N Research Way Bldg. K			Street Address 1303 N Research Way Bldg. K		
City Orem	State UT	Zip 84097	City Orem	State UT	Zip 84097
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Steve Mihaylo			Director Name		
Street Address 1303 N Research Way Bldg. K			Street Address		
City Orem	State UT	Zip 84097	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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 <u>MUST</u> BE COMPLETED		
			Number of Shares 1000	Class/Series Common	Par Value .001

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

JUN 01 2011

By

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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

Jon Erickson

Print or Type Name

Chief Financial Officer

Title

5-11-11

File Date _____
Check No. _____
By: _____
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