



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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 374192		2. Name of Corporation Skip's Outdoor Accents, Inc.			
3. Street Address Principal Business Office 1265 Suffield Street			City Agawam	State MA	Zip 01001
4. Business Phone No. 800.822.7547		5. State of Incorporation MA			
6. Brief Description of the Character of Business Conducted in Rhode Island Deliver products into Rhode Island from Massachusetts store					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John C. Ansart			Vice President Name Scott G. Ansart		
Street Address 832 Dewey Street			Street Address 18 Winona Drive		
City West Springfield	State MA	Zip 01089	City West Springfield	State MA	Zip 01089
Secretary Name Scott G. Ansart			Treasurer Name John C. Ansart		
Street Address 18 Winona Drive			Street Address 832 Dewey Street		
City West Springfield	State MA	Zip 01089	City West Springfield	State MA	Zip 01089
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			0	0	0.1

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.

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

John Ansart

Print or Type Name

President

Title

FILED	
File Date	JUL 18 2011
Check No.	
By	2703
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