



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

A. Ralph Molits, 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. 45253 | | 2. Name of Corporation STAR DEPARTMENT STORE, INC | | | |
| 3. Street Address Principal Business Office Water Street | | | City Block Island | State RI | Zip 02807 |
| 4. Business Phone No. 401-466-5541 | | 5. State of Incorporation Rhode Island | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island seasonal retail business | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Wendy Ernst | | | Vice President Name James Ernst | | |
| Street Address Payne Road | | | Street Address Payne Road | | |
| City Block Island | State RI | Zip 02807 | City Block Island | State RI | Zip 02807 |
| Secretary Name James Ernst | | | Treasurer Name Wendy Ernst | | |
| Street Address Payne Road | | | Street Address Payne Road | | |
| City Block Island | State RI | Zip 02807 | City Block Island | State RI | Zip 02807 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name none | | | Director Name none | | |
| Street Address none | | | Street Address none | | |
| City none | State none | Zip none | City none | State none | Zip none |
| Director Name none | | | Director Name none | | |
| Street Address none | | | Street Address none | | |
| City none | State none | Zip none | City none | State none | Zip none |
| 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 200 comm no par value | Class/Series 55 shares | Par Value no par |
| | | | | | |

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 DEC 30 2011

Check No. 22616

By: Wendy D. Ernst

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.

Wendy D. Ernst 12/28/11
Signature Date

Wendy D. Ernst
Print or Type Name

President
Title