



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 02904-261
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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. C 18338 2. Name of Corporation THE WINDOW SHOPPEE INC.
3. Street Address Principal Business Office 1517 POST ROAD City WARWICK State R.I. Zip 02888
4. Business Phone No. 401 739-4200 5. State of Incorporation RHODE ISLAND
5. Brief Description of the Character of Business Conducted in Rhode Island

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

| | |
|--|------------------------------------|
| President Name <u>Joseph V. Sczerbinski</u> | Vice President Name <u>SAME</u> |
| Street Address <u>1517 POST RD.</u> | Street Address |
| City <u>WARWICK</u> State <u>R.I.</u> Zip <u>02888</u> | City _____ State _____ Zip _____ |
| Secretary Name <u>SAME</u> | Treasurer Name <u>SAME</u> |
| Street Address | Street Address |
| City _____ State _____ Zip _____ | City _____ State _____ Zip _____ |

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

| | |
|----------------------------------|----------------------------------|
| Director Name <u>NONE</u> | Director Name <u>N/A</u> |
| 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

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

| Number of Shares | Class/Series | Par Value |
|------------------|---------------|-----------|
| <u>300</u> | <u>Common</u> | <u>0</u> |
| | | |

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 _____
Check No. JAN 30 2012
By: BY 16431

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 Joseph V. Sczerbinski Date 1/29/12
Print or Type Name Joseph V. Sczerbinski
Title JSW