



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 - Email: corporations@sos.ri.gov - Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 366674		2. Exact name of the Corporation THE CORNER STORE, INC.					
3. Principal office address 136 SPRING STREET				City PAWTUCKET	State RI	Zip 02860	
4. Business Phone No. 401-474-7842				5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island CONVIENCE STORE							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name JEAN LANGBORG				Vice-President Name BRAD LANGBORG			
Street Address 30 BURKE STREET				Street Address 30 BURKE STREET			
City PAWTUCKET	State RI	Zip 02861		City PAWTUCKET	State RI	Zip 02861	
Secretary Name				Treasurer Name			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name NONE				Director Name NONE			
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.				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
				100	COMMON	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

Filing Date **FEB 17 2012**

Check No _____

By: *[Signature]*

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

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] **2-14-2012**
Signature of Authorized Representative Date

BRAD LANGBORG - VICE PRESIDENT

Print or Type Name of Authorized Representative