



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 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. 738804		2. Name of Corporation SMOKEEZ GROW SUPPLIES, INC			
3. Street Address Principal Business Office 21 OLNEYVILLE SQ.			City PROVIDENCE	State RI	Zip 02909
4. Business Phone No. 41-421-1510		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island SMOKE SHOP					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name KARINA INDELLICATI			Vice President Name DONNA M. INDELLICATI		
Street Address 39 VICKSBURG STREET			Street Address 39 VICKSBURG STREET		
City PROVIDENCE	State RI	Zip 02904-2142	City PROVIDENCE	State RI	Zip 02904-2142
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name KARINA INDELLICATI			Director Name DONNA M. INDELLICATI		
Street Address 39 VICKSBURG STREET			Street Address 39 VICKSBURG STREET		
City PROVIDENCE	State RI	Zip 02904-2142	City PROVIDENCE	State RI	Zip 02904-2142
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"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
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
			1000	STK	\$0.01

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

FEB 28 2012

By Karina Indelicati
DS

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.

Karina Indelicati 2/28/12
Signature Date

KARINA INDELLICATI

Print or Type Name

PRESIDENT

Title

File Date _____
Check No. _____
By: _____
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