



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.

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|--|--------------------|--|--------------------|---------------------|
| 1. Entity ID No. 92053 | | 2. Exact name of the Corporation Mrs. Fields' Original Cookies, Inc. | | |
| 3. Principal office address 1141 W 2400 S | | City Salt Lake City | State UT | Zip 84119 |
| 4. Business Phone No. (801)736-5846 | | 5. State of Incorporation DE | | |
| 6. Brief description of the character of business conducted in Rhode Island Sale of retail cookies. | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | |
| President Name Timothy Casey, President/CEO | | Vice-President Name | | |
| Street Address 1141 W 2400 S | | Street Address | | |
| City Salt Lake City | State UT | Zip 84119 | City | State Zip |
| Secretary Name Michael Ward | | Treasurer Name | | |
| Street Address 1141 W 2400 S | | Street Address | | |
| City Salt Lake City | State UT | Zip 84119 | City | State Zip |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | |
| Director Name Bruce Pettet | | Director Name | | |
| Street Address 8040 W Progress Circle | | Street Address | | |
| City Lakewood | State CO | Zip 80123 | 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 | .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

File Date

MAR 19 2012

Check No.

By: **BY**

Michael Ward

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.

Michael Ward
Signature of Authorized Representative

3/13/12
Date

Michael Ward
Print or Type Name of Authorized Representative