



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. 4947		2. Name of Corporation COUNTRY MOUSE INC.			
3. Street Address Principal Business Office 580 GREAT ROAD			City N. SMITHFIELD	State RI	Zip 02896
4. Business Phone No. 401-762-5499		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island SALE OF ARTS & CRAFT SUPPLIES, INSTRUCTIONS, FLOWERS & OTHER RELATED SERVICES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ELAINE MORISSEAU			Vice President Name ELAINE MORISSEAU		
Street Address 482 GREAT ROAD			Street Address 482 GREAT ROAD		
City N. SMITHFIELD	State RI	Zip 02896	City N. SMITHFIELD	State RI	Zip 02896
Secretary Name ELAINE MORISSEAU			Treasurer Name ELAINE MORISSEAU		
Street Address SAME			Street Address SAME		
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 ELAINE MORISSEAU			Director Name		
Street Address 582 GREAT ROAD			Street Address		
City N. SMITHFIELD	State RI	Zip 02896	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.			ISSUED SHARES -- THIS SECTION MUST BE COMPLETED		
			Number of Shares 200	Class/Series COMMON	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 MAR 20 2012

Check No. _____

By: 7627

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 Elaine Morisseau Date 3/19/12

ELAINE MORISSEAU

Print or Type Name
PRESIDENT

Title