



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. 163647		2. Exact name of the Corporation ORGANICS & MORE, LTD.			
3. Principal office address 1 TUPPERWARE DRIVE #121			City NORTH SMITHFIELD	State RI	Zip 02896
4. Business Phone No. 401-524-0232			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island Consulting, retail sales & whole sales for organic fertilizers and related materials					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Tabitha R. Regan			Vice-President Name Michael Regan		
Street Address 1 Tupperware Drive #121			Street Address 1 Tupperware Drive #121		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
Secretary Name Tabitha R. Regan			Treasurer Name Michael Regan		
Street Address 1 Tupperware Drive #121			Street Address 1 Tupperware Drive #121		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Tabitha R. Regan			Director Name Michael Regan		
Street Address 1 Tupperware Drive #121			Street Address 1 Tupperware Drive #121		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
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
			1000	Common	None
			100	Common	None

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.

File Date _____

Check No _____

By: _____

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.

Tabitha R. Regan 3/13/12
 Signature of Authorized Representative Date

Tabitha R. Regan
 Print or Type Name of Authorized Representative

FILED

MAR 29 2012

By 167574
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