



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. 665117		2. Exact name of the Corporation Stop and Compare, Inc.			
3. Principal office address 567 Charles Street		City Providence	State RI	Zip 02904	
4. Business Phone No.		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island market					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Marc Iannotti			Vice-President Name Bertha Calvo and Carmen Dominguez		
Street Address 567 Charles Street			Street Address 567 Charles Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Secretary Name Alberto Calvo			Treasurer Name Vivian Iannotti		
Street Address 567 Charles Street			Street Address 567 Charles Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Marc Iannotti			Director Name Bertha Calvo and Carmen Dominguez		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
Director Name Alberto Calvo			Director Name Vivian Iannotti		
Street Address same as above			Street Address same as above		
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
			500	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.

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
 JUN 22 2012
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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.

Marc A. Iannotti 8 6.21.12
 Signature of Authorized Representative Date
Marc Iannotti
 Print or Type Name of Authorized Representative