



**STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS**  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
148 W. River St., 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

\* 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. 146367  
2. Name of Corporation BRAINWAVES TOY SHOP, INC.

3. Street Address Principal Business Office 91 Point Judith Road, Salt Pond Plaza  
City Narragansett State RI Zip 02882

4. Business Phone No. 401-792-8697  
5. State of Incorporation RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island  
TO OPERATE A STORE FOR THE SALE OF TOYS, EDUCATIONAL AND HOBBY MATERIALS

**7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Lori Lind	Vice President Name
Street Address 91 Point Judith Road, Salt Pond Plaza	Street Address
City Narragansett State RI Zip 02882	City State Zip
Secretary Name Lori Lind	Treasurer Name Lori Lind
Street Address 91 Point Judith Road, Salt Pond Plaza	Street Address 91 Point Judith Road, Salt Pond Plaza
City Narragansett State RI Zip 02882	City Narragansett State RI Zip 02882

**8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Lori Lind	Director Name
Street Address 91 Point Judith Road, Salt Pond Plaza	Street Address
City Narragansett State RI Zip 02882	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

**9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
8,000 NO PAR VALUE		

**10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
1000	COMMON	NPV

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.



1 4 6 3 6 7

**FILED**

JUL 13 2012

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 of Officer: *Lori Lind* Date: 7-12-12

Print or Type Name of Officer: **LORI LIND**

Title of Officer: **PRESIDENT**

\*146367 DBC 01/25/06 09:43:14 AM\*

File Date \_\_\_\_\_

Check No. \_\_\_\_\_ BY: *321541531*

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY