



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

2013

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. 117564		2. Exact name of the Corporation Rhode Runner, Inc.			
3. Principal office address 657 North Main Street		City Providence		State RI	Zip 02904
4. Business Phone No. 401-831-6346		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Specialty retail running and walking footwear, apparel and accessories store					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert Bischoff			Vice-President Name Colleen Bischoff		
Street Address 36 Holden Street			Street Address 36 Holden Street		
City Attleboro	State MA	Zip 02703	City Attleboro	State MA	Zip 02703
Secretary Name Colleen Bischoff			Treasurer Name Colleen Bischoff		
Street Address 36 Holden Street			Street Address 36 Holden Street		
City Attleboro	State MA	Zip 02703	City Attleboro	State MA	Zip 02703
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Robert Bischoff			Director Name Colleen Bischoff		
Street Address 36 Holden Street			Street Address 36 Holden Street		
City Attleboro	State MA	Zip 02703	City Attleboro	State MA	Zip 02703
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.					
8,000				no par value	

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

JAN 17 2013

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.

Colleen S. Bischoff 1-15-13
 Signature of Authorized Representative Date

Colleen S. Bischoff

Print or Type Name of Authorized Representative

By MNC
CA # 2888