



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 2013**

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(ccd)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 93000		2. Name of Corporation Wonderland Smoke Shop, Inc	
3. Street Address Principal Business Office 666 East Avenue		City Warwick	State RI
4. Business Phone No. 823-3134		5. State of Incorporation Rhode Island	
6. Brief Description of the Character of Business Conducted in Rhode Island The sale of tobacco and related products			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name David A. Souza		Vice President Name Christopher D. Souza	
Street Address 220 West Street		Street Address 220 West Street	
City West Warwick	State RI	City West Warwick	State RI
Zip 02893		Zip 02893	
Secretary Name David A. Souza		Treasurer Name Christopher D. Souza	
Street Address 220 West Street		Street Address 220 West Street	
City West Warwick	State RI	City West Warwick	State RI
Zip 02893		Zip 02893	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name None		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED 100 No Par Value		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	Class/Series
		Par Value	
	100	N/A	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: \_\_\_\_\_ BY \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

**FILED**  
FEB 21 2013  
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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.

*David A. Souza* 2/18/2013  
Signature Date  
David A Souza  
Print or Type Name  
President  
Title