



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. 537318		2. Exact name of the Corporation Shaggy Inc.		
3. Principal office address 1224 Mirabeau Lane		City Gladwyne	State PA	Zip 19035
4. Business Phone No. 610-804-6164		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island N/A - Corporation holds investments only				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Noele Wein		Vice-President Name Alan Wein		
Street Address 1224 Mirabeau Lane		Street Address 1224 Mirabeau Lane		
City Gladwyne	State PA	Zip 19035	City Gladwyne	State PA
Secretary Name Noele Wein		Treasurer Name		
Street Address same as above		Street Address		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Noele Wein		Director Name Alan Wein		
Street Address same as above		Street Address same as above		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
		NONE		0

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 SECRETARY OF STATE
 CORPORATIONS DIV.

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.

Noele Wein, President 2-21-13
 Signature of Authorized Representative Date

NOELE WEIN
 Print or Type Name of Authorized Representative

FILED 1107

MAR 14 2013

BY *DL* 192677