



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. 000111837		2. Exact name of the Corporation ITS ALL GOOD SMOKE SHOP, INC			
3. Principal office address 11 SOUTH ANGELL STREET, SUITE # 331		City PROVIDENCE	State RI	Zip 02906	
4. Business Phone No. (401) 351-7322		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island SALE OF GIFTS AND NOVELTIES TO THE GENERAL PUBLIC					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name DIANA L. BAPTISTA			Vice-President Name DIANA L. BAPTISTA		
Street Address 11 SOUTH ANGELL STREET, SUITE # 331			Street Address 11 SOUTH ANGELL STREET, SUITE # 331		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
Secretary Name DIANA L. BAPTISTA			Treasurer Name DIANA L. BAPTISTA		
Street Address 11 SOUTH ANGELL STREET, SUITE # 331			Street Address 11 SOUTH ANGELL STREET, SUITE # 331		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02909
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name DIANA L. BAPTISTA			Director Name		
Street Address 11 SOUTH ANGELL STREET, SUITE # 331			Street Address		
City PROVIDENCE	State RI	Zip 02906	City	State	Zip
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			551	COMMON	NONE

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
JUL 29 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.

Signature of Authorized Representative

Date

PRESIDENT

Print or Type Name of Authorized Representative

By 49-202660

A.A. 11:03 A.M

[Handwritten Signature] 7/29/13