



**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

5010

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR**

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

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
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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.

*D. Bryant*  
 Signature of Authorized Representative  
 Date **7/28/13**

**PRESIDENT**  
 Print or Type Name of Authorized Representative

**FILED**  
**JUL 29**  
**49-20260**  
**A. A. 11:02 A.M**