



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 2014**

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>124728</b>		2. Exact name of the Corporation <b>Pack Shops Candy Service, Inc.</b>		
3. Principal office address <b>82 Nashua Street</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>
4. Business Phone No. <b>401-421-8035</b>		5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>To engage in the wholesale, retail and vending machine sales of food and beverages.</b>				
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>				
President Name <b>John A. Urso</b>		Vice-President Name <b>None</b>		
Street Address <b>398 Middle Highway</b>		Street Address		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City	State
Secretary Name <b>None</b>		Treasurer Name <b>None</b>		
Street Address		Street Address		
City	State	Zip	City	State
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>				
Director Name <b>None</b>		Director Name <b>None</b>		
Street Address		Street Address		
City	State	Zip	City	State
Director Name <b>None</b>		Director Name <b>None</b>		
Street Address		Street Address		
City	State	Zip	City	State
<b>9. SHARES AUTHORIZED</b>		<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
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
		1,000	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**

MAR 28 2014

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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.

*John A. Urso* 26/14  
 Signature of Authorized Representative Date  
**PRES.**

Print or Type Name of Authorized Representative