



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. 00155838		2. Exact name of the Corporation MAIL BOX STORES INC						
3. Principal office address 5075 WEST DIABLO DR SUITE 200		City LAS VEGAS	State NV	Zip 89118				
4. Business Phone No. 702-382-8444		5. State of Incorporation NEVADA						
6. Brief description of the character of business conducted in Rhode Island BUSINESS START-UP CONSULTING SERVICES								
President Name JAMES WICHERT			Vice-President Name NONE					
Street Address 10024 ROLLING GLEN CT.			Street Address NONE					
City LAS VEGAS	State NV	Zip 89117	City NONE	State NONE	Zip NONE			
Secretary Name NONE			Treasurer Name NONE					
Street Address NONE			Street Address NONE					
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE			
Director Name NONE			Director Name NONE					
Street Address NONE			Street Address NONE					
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE			
Director Name NONE			Director Name NONE					
Street Address NONE			Street Address NONE					
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE			
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	NONE	NONE
						NONE	NONE	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.

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.

FILED

APR 14 2014

Signature of Authorized Representative

JAMES WICHERT

Date

4/9/14

By

49-200221

Print or Type Name of Authorized Representative

A. A. 11:44 A.M.