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.	2. Exact name of the Corporation
00155838	**MAIL BOX STORES INC**

3. Principal office address	City	State	Zip
5075 WEST DIABLO DR SUITE 200	**LAS VEGAS**	**NV**	**89118**

4. Business Phone No.	5. State of Incorporation
702-382-8444	**NEVADA**

6. Brief description of the character of business conducted in Rhode Island
BUSINESS START-UP CONSULTING SERVICES

2014 APR [illegible] AM 11:4[illegible]
SECRETARY OF STATE CORPORATIONS DIV

PRESIDENT, VICE-PRESIDENT

President Name	Vice-President Name
JAMES WICHERT	**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	Treasurer Name
NONE	**NONE**
Street Address: **NONE**	Street Address: **NONE**
City: **NONE** / State: **NONE** / Zip: **NONE**	City: **NONE** / State: **NONE** / Zip: **NONE**

DIRECTORS (NAMES AND ADDRESSES; P.O. BOX NOT ACCEPTABLE)

Director Name	Director Name
NONE	**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**

SHARES AUTHORIZED | **SHARES ISSUED (IF NO P.O. BOX FOR ADDRESS)**

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.

[redacted]

FILED
APR 14 2014
By 19-222221
A. A. 11:44 A.M.

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.

4/9/14
Signature of Authorized Representative — Date

JAMES WICHERT
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012