

	State of Rhode Island and Providence Plantations Office of the Secretary of State	Fee: \$50.00	
Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040			
		LOGOUT	
Business Corporation Annual Report Filing Period: January 1 - March 1			
In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.			
? Help with this form			
ANNUAL REPORT YEAR: <input type="text" value="2016"/>			
1. Corporate ID No. <input type="text" value="000093000"/>			
2. Name of Corporation <u>WONDERLAND SMOKE SHOP, INC.</u>			
3. Street Address Principal Business Office:			
No. and Street: <input type="text" value="666 EAST AVENUE"/>			
City or Town: <input type="text" value="WARWICK"/>			
State: <input type="text" value="RI"/> Zip: <input type="text" value="02886"/> Country: <input type="text" value="USA"/>			
4. Business Phone No.			
<input type="text" value="823-3134"/>			
5. State of Incorporation			
State: <input type="text" value="RI"/>			
6. Brief Description of the Character of Business Conducted in Rhode Island			
<input type="text" value="THE SALE OF TOBACCO AND RELATED PRODUCTS"/>			
FILED FEB 11 2016 BY <u>26743D</u> A.A.			
7. Names and Addresses of the Officers and Directors:			
All officers and directors must be listed. If officers and/or directors have been elected, the title incorporator is no longer applicable; please delete			
	Title	Individual Name	Address
Delete		First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

<input type="checkbox"/>	PRESIDENT	DAVID A SOUSA	220 WEST STREET WEST WARWICK, RI 02893- USA
<input type="checkbox"/>	Vice President	CHRISTOPHER D SOUZA	220 WEST STREET WEST WARWICK, RI 02893 USA
<input type="checkbox"/>	Secretary	DAVID A SOUZA	220 WEST STREET WEST WARWICK, RI 02893 USA
<input type="checkbox"/>	Treasurer	CHRISTOPHER D SOUZA	220 WEST STREET WEST WARWICK, RI 02893 USA

Select From Below Title:

First Name: Middle Name: Last Name: Suffix:

Address: City: State: Zip: Country:

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	100.00	100.00

9. 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.

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name:

Business Name:

No. and Street:

City or Town: State: Zip: Country:

Contact Phone: ext:

Contact Email:

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 12TH Day of JANUARY 2016. This is the signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, correct and complete in compliance with R.I. Gen. Laws § 7-1.2.

By  Signature of Authorized Representative of the Corporation