



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 93000		2. Exact name of the Corporation Wonderland Smoke Shop, Inc.												
3. Principal Office Address 666 East Avenue			City Warwick	State RI	Zip 02886									
4. NAICS Code 44-45		6. Brief description of the character of business conducted in Rhode Island The sale of tobacco and related products												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name David A. Souza			Vice-President Name Christopher D. Souza											
Street Address 220 West Street			Street Address 220 West Street											
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893									
Secretary Name David A. Souza			Treasurer Name Christopher D. Souza											
Street Address 220 West Street			Street Address 220 West Street											
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name None.			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
This information is currently of record in the Department of State. Changes require an additional filing.			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align:center">NUMBER OF SHARES</th> <th style="text-align:center">CLASS/SERIES</th> <th style="text-align:center">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align:center">100</td> <td style="text-align:center">N/A</td> <td style="text-align:center">No Par Value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	N/A	No Par Value			
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100	N/A	No Par Value												
11. 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.														
Name of Authorized Representative David A. Souza, President				Date 2/22/17										
Signature of Authorized Representative														