



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<br><b>149851</b>   |                 | 2. Exact name of the Corporation<br><b>MOUSIE'S DELI, INC.</b>   |   |                       |                     |                  |              |           |    |        |              |  |  |  |
|--|-----------------|--|---|-----------------------|---------------------|------------------|--------------|-----------|----|--------|--------------|--|--|--|
| 3. Principal Office Address<br><b>1619 WARWICK AVENUE</b>  |                 |  | City<br><b>WARWICK</b>  | State<br><b>RI</b>    | Zip<br><b>02889</b> |                  |              |           |    |        |              |  |  |  |
| 4. NAICS Code<br><b>72 - Accommodation and Food</b>  |                 | 6. Brief description of the character of business conducted in Rhode Island<br><b>TO ENGAGE IN THE BUSINES OF OPERATING A DELI</b> |   |                       |                     |                  |              |           |    |        |              |  |  |  |
| 5. State of Incorporation<br><b>RHODE ISLAND</b>   |                 |  |   |                       |                     |                  |              |           |    |        |              |  |  |  |
| 7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>   |                 |  |   |                       |                     |                  |              |           |    |        |              |  |  |  |
| President Name <b>LORIE ANDREWS</b>  |                 |  | Vice-President Name <b>LORIE ANDREWS</b>  |                       |                     |                  |              |           |    |        |              |  |  |  |
| Street Address <b>1619 WARWICK AVENUE</b>  |                 |  | Street Address <b>1619 WARWICK AVENUE</b>   |                       |                     |                  |              |           |    |        |              |  |  |  |
| City <b>WARWICK</b>  | State <b>RI</b> | Zip <b>02889</b>   | City <b>WARWICK</b>   | State <b>RI</b>       | Zip <b>02889</b>    |                  |              |           |    |        |              |  |  |  |
| Secretary Name <b>LORIE ANDREWS</b>  |                 |  | Treasurer Name <b>LORIE ANDREWS</b>   |                       |                     |                  |              |           |    |        |              |  |  |  |
| Street Address <b>1619 WARWICK AVENUE</b>  |                 |  | Street Address <b>1619 WARWICK AVENUE</b>   |                       |                     |                  |              |           |    |        |              |  |  |  |
| City <b>WARWICK</b>  | State <b>RI</b> | Zip <b>02889</b>   | City <b>WARWICK</b>   | State <b>RI</b>       | Zip <b>02889</b>    |                  |              |           |    |        |              |  |  |  |
| 8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>  |                 |  |   |                       |                     |                  |              |           |    |        |              |  |  |  |
| Director Name <b>LORIE ANDREWS</b>   |                 |  | Director Name   |                       |                     |                  |              |           |    |        |              |  |  |  |
| Street Address <b>1619 WARWICK AVENUE</b>  |                 |  | Street Address  |                       |                     |                  |              |           |    |        |              |  |  |  |
| City <b>WARWICK</b>  | State <b>RI</b> | Zip <b>02889</b>   | City  | State                 | Zip                 |                  |              |           |    |        |              |  |  |  |
| Director Name  |                 |  | Director Name   |                       |                     |                  |              |           |    |        |              |  |  |  |
| Street Address   |                 |  | Street Address  |                       |                     |                  |              |           |    |        |              |  |  |  |
| City   | State           | Zip  | City  | State                 | Zip                 |                  |              |           |    |        |              |  |  |  |
| 9. Shares Authorized<br>This information is currently of record in the Department of State.<br>Changes require an additional filing.   |                 |  | 10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>   |                       |                     |                  |              |           |    |        |              |  |  |  |
|  |                 |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> <tr> <td>10</td> <td>COMMON</td> <td>NO PAR VALUE</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> |                       |                     | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 10 | COMMON | NO PAR VALUE |  |  |  |
| NUMBER OF SHARES   | CLASS/SERIES    | PAR VALUE  |   |                       |                     |                  |              |           |    |        |              |  |  |  |
| 10   | COMMON          | 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.<br><b>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.</b> |                 |  |   |                       |                     |                  |              |           |    |        |              |  |  |  |
| Name of Authorized Representative<br><b>LORIE ANDREWS</b>  |                 |  |   | Date<br><b>3-1-17</b> |                     |                  |              |           |    |        |              |  |  |  |
| Signature of Authorized Representative<br><br><div style="text-align: center; font-weight: bold; font-size: 1.2em;">FILED</div>  |                 |  |   |                       |                     |                  |              |           |    |        |              |  |  |  |

MAIL TO:  
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**MAR 15 2017**  
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