RI SOS Filing Number: 201857027800 Date: 1/25/2018 4:00:00 PM

(FF)

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
JAN 25 2018
BY 1006

1. Entity ID Number	2. Exact nam	2. Exact name of the Corporation						
4947		Country Mouse Inc.						
Principal Office Address			City		State	Zip		
580 Great Road			North Smith	nfield	RI	02896		
4. NAICS Code 1. 12 5. State of Incorporation		6. Brief description of the character of business conducted in Rhode Island Sale of Arts & Craft Supplies, Instructions, Flowers & Other Related Services						
Rhode Island								
7. List ALL officers (names an	d addresses)			CI	neck the box to it	ndicate an attachment		
Presideni Name Elaine Moriss	Vice-President Name Elaine Morisseau							
Street Address 482 Great Roa	Street Address 482 Great Road							
City No. Smithfield	State RI	^{Zip} 02896	City No. Smithfield		State RI	Z ₁ p 02896		
Secretary Name Elaine Moriss	Secretary Name Elaine Morisseau			Treasurer Name Elaine Morisseau				
Street Address 482 Great Road			Street Address 482 Great Road					
City No. Smithfield	State RI	^{Zip} 02896	City No. Smithfield		State RI	^{Zip} 02896		
8. List ALL directors (names a	ind addresses)			C	heck the box to i	ndicate an attachment 🗵		
Director Name Elaine Morisse	eau		Director Name					
Street Address 482 Great Road			Street Address					
City No. Smithfield	State RI	Zip 02896	City	··-·	State	Zip		
Director Name				Director Name				
Street Address			Street Address					
	ICtore		City		State	Zıp		
City	State	Zip	City		State	Z P		
Shares Authorized 10. Shares Issued Number of Record in the								
This information is currently of record in the Department of State. Changes require an additional filing.		200	. Organica			No Par		
11. This report must be executrustee, this report must be ex Under penalty of perjury, I can statements, and that all state	ecuted on behalf or declare and affirm	f the corporation by that I have examin	the receiver or tr ed this report, it	ustee.				
Name of Authorized Representative Elaine Morisseau					Date 01/23/2018			
Signature of Authorized Repre	esentative	SIGN DO	CUMENT HERE					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov