



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
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 4947 | | 2. Exact name of the Corporation Country Mouse, Inc. | | | |
| 3. Principal Office Address 580 Great Road | | | City North Smithfield | State RI | Zip 02896 |
| 4. NAICS Code 327420 | | 6. Brief description of the character of business conducted in Rhode Island Sales of Arts & Craft Supplies, Instructions, Flowers & Other Related Services | | | |
| 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 Elaine Morisseau | | | Vice-President 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 |
| 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 and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Elaine Morisseau | | | 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 | | |
| 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. | | | NUMBER OF SHARES | | |
| | | | CLASS/SERIES | | PAR VALUE |
| | | | 200 | Common | No Par |
| | | | | | |
| 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. <i>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.</i> | | | | | |
| Name of Authorized Representative Elaine Morisseau | | | | Date 01/16/2019 | |
| Signature of Authorized Representative SIGN DOCUMENT 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

BY

JAN 31 2019

FORM 630 - Revised: 10/2017