



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2020  
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:AMP

FEB 24 2020

BY

1020 PS

1. Entity ID Number <b>149851</b>		2. Exact name of the Corporation <b>MOUSIE'S DELI, INC.</b>			
3. Principal Office Address <b>1619 WARWICK AVENUE</b>			City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>
4. NAICS Code <b>444470</b> Food and Food	6. Brief description of the character of business conducted in Rhode Island <b>TO ENGAGE IN THE BUSINESS OF OPERATING A DELI</b>				
5. State of Incorporation <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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <b>10</b>	CLASS/SERIES <b>COMMON</b>	PAR VALUE <b>NO PAR VALUE</b>
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. <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 <b>LORIE ANDREWS</b>				Date <b>2-21-20</b>	
Signature of Authorized Representative <i>Lorie J. Andrews</i>				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