



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

FILED: AMP

Annual Report for the year: 2020  
 Corporation \_\_\_\_\_

FEB 24 2020

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

BY 1020 AS

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> <i>Food and Food</i>	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		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<b>10</b>	<b>COMMON</b>	<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