RI SOS Filing Number: 202189099710 Date: 2/1/2021 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED STAMP
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 FEB -1 PM 12:58

Annual Report for the year: 2021

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	2. Exact name of the Corporation		
149851	MOUSIE'S DELI, INC.		
3. Principal Office Address	City	State	Zip
1619 WARWICK AVENUE	WARWICK	RI	02889
4. NAICS Code: 722511	6. Brief description of the character of business conducted in Rhode Island: TO ENGAGE IN THE BUSINES OF OPERATING A DELI		
5. State of Incorporation: RHODE ISLAND			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: LORIE ANDREWS			Vice-President Name: LORIE ANDREWS		
Street Address: 1619 WARWICK AVENUE			Street Address: 1619 WARWICK AVENUE		
City: WARWICK	State: RU	Zip: 02889	City: WARWICK	State: RI	Zip: 02889
Secretary Name: LORIE ANDREWS			Treasurer Name: LORIE ANDREWS		
Street Address: 1619 WARWICK AVENUE			Street Address: 1619 WARWICK AVENUE		
City: WARWICK	State: RI	Zip: 02889	City: WARWICK	State: RI	Zip: 02889

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: LORIE ANDREWS			Director Name		
Street Address: 1619 WARWICK AVENUE			Street Address		
City: WARWICK	State: RI	Zip: 02889	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 — Check the box to indicate an attachment ☐

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.

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.

Name of Authorized Representative: LORIE ANDREWS

Date: 1-19-21

Signature of Authorized Representative: Lorie J. Andrews

SIGN DOCUMENT IN **FILED**

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FEB 01 2021

... ØN FOR AA

FORM 630 - Revised: 02/2017