



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

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.

FILED STAMP

FEB 10 2021

BY 081 DS

1. Entity ID Number 001682146		2. Exact name of the Corporation The Cheese Corner, Inc.	
3. Principal Office Address 137 Main Street		City Westerly	State RI
		Zip 02891	
4. NAICS Code 44-45 - Retail Trade	5. Brief description of the character of business conducted in Rhode Island retail sales		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Robert Vuono		Vice-President Name Lisa Vuono	
Street Address 137 Main Street		Street Address 137 Main Street	
City Westerly	State RI	City Westerly	State RI
Zip 02891		Zip 02891	
Secretary Name Paula LaBarre		Treasurer Name	
Street Address 137 Main Street		Street Address	
City Westerly	State RI	City	State
Zip 02891		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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
		0	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 <u>Robert Vuono</u> Date <u>1/28/2021</u> Signature of Authorized Representative <u>[Signature]</u> SIGN DOCUMENT HERE			

MAIL TO:

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