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 1081 OS

1. Entity ID Number	2. Exact name of the Corporation
001682146	The Cheese Corner, Inc.

3 Principal Office Address	City	State	Zip
137 Main Street	Westerly	RI	02891

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
44-45 - Retail Trade 4461/20	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 / Zip 02891	City	Westerly	State RI / Zip 02891
Secretary Name	Paula LaBarre		Treasurer Name		
Street Address	137 Main Street		Street Address		
City	Westerly	State RI / Zip 02891	City		State / 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 / Zip	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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	0		No Par Value
Changes require an additional filing.			

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: Robert Vuono — Date: 1/28/2021

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

FORM 630 - Revised: 02/2017