



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

Annual Report for the year: 2023
 Corporation _____

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

STAMP
FEB 06 2023
 1181 *OR*

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 446120		6. 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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			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 Robert Vuono					Date 1/29/2023
Signature of Authorized Representative <i>Robert Vuono</i>					SIGN DOCUMENT HERE

MAIL TO:
 Division of Business Services
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