



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
STAMP

FEB 03 2025

BY 1165
PA

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 445299		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 ☐					
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 Check the box to indicate an attachment ☐					
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 0	CLASS/SERIES	PAR VALUE 0
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 1/27/25	
Signature of Authorized Representative 					

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