



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 911772		2. Exact name of the Corporation Super Scoops, Inc.			
3. Principal office address 654 Metacom Avenue			City Warren	State RI	Zip 02885
4. Business Phone No. (401) 499-9448			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island <i>ice cream</i>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Kandi L. Kabli			Vice-President Name <i>Ali Kabli</i>		
Street Address XXXXXXXXXX <i>178 Providence St.</i>			Street Address <i>178 Providence Street</i>		
City <i>Rehoboth</i>	State <i>MA</i>	Zip <i>02769</i>	City <i>Rehoboth</i>	State <i>MA</i>	Zip <i>02769</i>
Secretary Name <i>Kandi Kabli</i>			Treasurer Name		
Street Address <i>178 Providence St.</i>			Street Address		
City <i>Rehoboth</i>	State <i>MA</i>	Zip <i>02769</i>	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR 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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<i>5,000.00</i>	<i>CNP</i>	<i>0</i>

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Kandi Kabli _____ *1-29-15*
 Signature of Authorized Representative Date

Kandi Kabli
 Print or Type Name of Authorized Representative

FILED

FEB 17 2015

BY *4946*