



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

Annual Report for the year: 2017
Corporation

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

1. Entity ID Number 38058		2. Exact name of the Corporation SCRUMPTIONS, INC.			
3. Principal Office Address 5600 POST ROAD		City EAST GREENWICH	State RI	Zip 02818	
4. NAICS Code 44-45 - Retail Trade	6. Brief description of the character of business conducted in Rhode Island SPECIALTY FOOD PRODUCTS				
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 ANNA CARREIRO		Vice-President Name MOISES CARREIRO			
Street Address 5600 POST ROAD		Street Address 5600 POST ROAD			
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
Secretary Name ANNA CARREIRO		Treasurer Name MOISES CARREIRO			
Street Address 5600 POST ROAD		Street Address 5600 POST ROAD			
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ANNA CARREIRO		Director Name MOISES CARREIRO			
Street Address 5600 POST ROAD		Street Address 5600 POST ROAD			
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
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	CLASS/SERIES	PAR VALUE
			200	COMMON	NO PAR
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. <i>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.</i>					
Name of Authorized Representative MOISES CARREIRO				Date 1-10-2017	
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

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