



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 15031		2. Exact name of the Corporation SUGAR N' SPICE, INC.			
3. Principal Office Address 80 BRIARWOOD		City MIDDLETOWN	State RI	Zip 02842	
4. NAICS Code 51	6. Brief description of the character of business conducted in Rhode Island PROPERTY MANAGEMENT				
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 PAUL A. DEMESSIANOS			Vice-President Name PAUL A. PATALANO		
Street Address 710 WHITMARSH LANE			Street Address 80 BRIARWOOD		
City KEY WEST	State FL	Zip 33040	City MIDDLETOWN	State RI	Zip 02842
Secretary Name PAUL A. DEMESSIANOS			Treasurer Name DENNIS DEMESSIANOS		
Street Address 710 WHITMARSH LANE			Street Address 80 BRIARWOOD		
City KEY WEST	State FL	Zip 33040	City MIDDLETOWN	State RI	Zip 02842
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		CLASS/SERIES		PAR VALUE	
500		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.					
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 PAUL A. DEMESSIANOS					Date 1/13/2017
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

BY **1714**

FILED
JAN 23 2017

FORM 630 - Revised: 10/2016