



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

Annual Report for the year: **2019**  
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**

1. Entity ID Number <b>15018</b>		2. Exact name of the Corporation <b>SUENO, INC.</b>			
3. Principal Office Address <b>28 SMITH AVENUE</b>			City <b>GREENVILLE</b>	State <b>RI</b>	Zip <b>02828</b>
4. NAICS Code <b>448120</b>		6. Brief description of the character of business conducted in Rhode Island <b>MANUFACTURING, BUYING, AND SELLING (BOTH WHOLESALE AND RETAIL) OF WOMENS AND CHILDRENS APPAREL.</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>SUENO MARTINI</b>			Vice-President Name <b>MASAKO CARANCI</b>		
Street Address <b>28 SMITH AVENUE</b>			Street Address <b>28 SMITH AVENUE</b>		
City <b>GREENVILLE</b>	State <b>RI</b>	Zip <b>02828</b>	City <b>GREENVILLE</b>	State <b>RI</b>	Zip <b>02828</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>SUENO MARTINI</b>			Director Name <b>MASAKO CARANCI</b>		
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIFS		
			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.					
<b>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.</b>					
Name of Authorized Representative <b>MASAKO CARANCI</b>					Date <b>1/30/19</b>
Signature of Authorized Representative <i>Masako Caranci</i>					

SIGN DOCUMENT HERE

**FILED**

**FEB 01 2019**

**7940**

BY