State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

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.

1. Entity ID Number	2. Exact name of the Corporation		
15018	SUENO, INC.		
3. Principal Office Address	City	State	Zip
28 SMITH AVENUE	GREENVILLE	RI	02828
4. NAICS Code: 448120	6. Brief description of the character of business conducted in Rhode Island: MANUFACTURING, BUYING, AND SELLING (BOTH WHOLESALE AND RETAIL) OF WOMENS AND CHILDRENS APPAREL.		
5. State of Incorporation: RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
SUENO MARTINI	MASAKO CARANCI
Street Address: 28 SMITH AVENUE	Street Address: 28 SMITH AVENUE
City: GREENVILLE, State: RI, Zip: 02828	City: GREENVILLE, State: RI, Zip: 02828
Secretary Name	Treasurer Name
Street Address	Street Address
City, State, Zip	City, State, Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
SUENO MARTINI	MASAKO CARANCI
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

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	CLASS/SERIES	PAR VALUE
300	COMMON	NPV

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	Date
MASAKO CARANCI	1/30/19

Signature of Authorized Representative: Masako Caranci

SIGN DOCUMENT HERE

FILED

FEB 01 2019

BY 7940

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

FORM 630 - Revised: 10/2017