



State of Rhode Island
Department of State - Business Services Division

FILED

JAN 22 2021

BY 2515

Annual Report for the year: 2021
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 <u>Inc</u>			
3. Principal Office Address 80 Briarwood		City Middletown		State RI	Zip 02842
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Property Management & DMV Services			
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 <u>Paul A. Patalano</u> <i>Paula</i>		
Street Address 708 Whitmarsh Lane			Street Address 80 Briarwood		
City Key West		State FL	Zip 33040	City Middletown	Zip 02842
Secretary Name Paul A. Demessianos			Treasurer Name		
Street Address 708 Whitmarsh Lane			Street Address		
City Key West		State FL	Zip 33040	City	Zip
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	Zip
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	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 <u>Paula Patalano</u>				Date <u>1/16/2021</u>	
Signature of Authorized Representative 					

MAIL TO:
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