



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2021

JAN 29 2021

Corporation

BY 0030 DS

- 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 1715113		2. Exact name of the Corporation Salt & Pep Branding, Inc.			
3. Principal Office Address 26 Penrose Street			City North Providence	State RI	Zip 02911
4. NAICS Code 541613		6. Brief description of the character of business conducted in Rhode Island TO PROVIDE BRAND STRATEGY, DESIGN SERVICES, COPYWRITING AND MARKETING SERVICES AND ALL MATTERS RELATED THERETO			
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 Kara Cronan			Vice-President Name Samantha Keating		
Street Address 26 Penrose Street			Street Address 63 Cottage Street, Apt. #1		
City North Providence	State RI	Zip 02911	City Watertown	State MA	Zip 02472
Secretary Name Samantha Keating			Treasurer Name Kara Cronan		
Street Address 63 Cottage Street, Apt. #1			Street Address 26 Penrose Street		
City Watertown	State MA	Zip 02472	City North Providence	State RI	Zip 02472
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Kara Cronan			Director Name Samantha Keating		
Street Address 26 Penrose Street			Street Address 63 Cottage Street, Apt. #1		
City North Providence	State RI	Zip 02911	City Watertown	State MA	Zip 02472
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State.  Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			20	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. <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 KARA CRONAN				Date 1/20/2021	
Signature of Authorized Representative <i>Kara M Cronan</i>					

MAIL TO:  
 Division of Business Services  
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 Website: www.sos.ri.gov