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State of Rhode Island
Department of State - Business Services Division

FEB 19 2021
B 99104 DS

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	2. Exact name of the Corporation			
000150862	Sweetland Foods, Inc.			
3. Principal Office Address		City	State	Zip
112 Warren Avenue		Pawtucket	RI	02860
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
621201	Sale of cookies			
5. State of Incorporation				
Rhode Island				

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

President Name			Vice-President Name		
Susan M. Murray					
Street Address			Street Address		
40 Pimental Drive					
City	State	Zip	City	State	Zip
Seekonk	MA	02771			
Secretary Name			Treasurer Name		
Susan M. Murray			Susan M. Murray		
Street Address			Street Address		
40 Pimental Drive			40 Pimental Drive		
City	State	Zip	City	State	Zip
Seekonk	MA	02771	Seekonk	MA	02771

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

Director Name			Director Name		
Susan M. Murray					
Street Address			Street Address		
40 Pimental Drive					
City	State	Zip	City	State	Zip
Seekonk	MA	02771			
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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	4,000	Common	.01

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
Susan M. Murray	2/17/21

Signature of Authorized Representative
Susan Murray

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: 08/2020