



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 08 2023

BY

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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 02911
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 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 <input type="checkbox"/>		
			NUMBER OF SHARES 20	CLASS/SERIES COMMON	PAR VALUE 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 KARA CRONAN				Date 1/26/2023	
Signature of Authorized Representative 					

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: 11/2021