



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.

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BUS SVCS DIV

2023 JUN 30 A 9:50

1. Entity ID Number 150862		2. Exact name of the Corporation Sweetland Foods, Inc			
3. Principal Office Address 112 Warren Av		City Pawtucket		State RI	Zip 02860
4. NAICS Code 311999		6. Brief description of the character of business conducted in Rhode Island sale of cookies			
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 Susan M Murray			Vice-President Name Raymond Murray, IV		
Street Address 1804 SW 38th Ln			Street Address 10 Exchange Ct unit 616		
City Cape Coral	State FL	Zip 33914	City Pawtucket	State RI	Zip 02860
Secretary Name Susan M Murray			Treasurer Name		
Street Address 1804 SW 38th Ln			Street Address		
City Cape Coral	State FL	Zip 33914	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Susan M Murray			Director Name		
Street Address 1804 SW 38th Ln			Street Address		
City Cape Coral	State FL	Zip 33914	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			4000	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 Raymond Murray					Date 06/30/2023
Signature of Authorized Representative 					FILED JUN 30 2023 BY ml 10953

MAIL TO:
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Website: www.sos.ri.gov