



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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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 NOV -2 P 1:47

1. Entity ID Number 001661336		2. Exact name of the Corporation U Scream Ice Cream Inc.			
3. Principal Office Address 1909 Mineral Spring Avenue C/O PAULO DASILVA		City North Providence		State RI	Zip 02904
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island SALE OF ICE CREAM Title: 7-1.2-1701			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JACQUELINE DA SILVA			Vice-President Name PAULO DA SILVA		
Street Address 52 NEWMAN AVE			Street Address 52 NEWMAN AVE		
City SEEKONK	State MA	Zip 02771	City SEEKONK	State MA	Zip 02771
Secretary Name PAULO DA SILVA			Treasurer Name JACQUELINE DA SILVA		
Street Address 52 NEWMAN AVE			Street Address 52 NEWMAN AVE		
City SEEKONK	State MA	Zip 02771	City SEEKONK	State MA	Zip 02771
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	State	Zip
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 <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
		100	STK	\$0.00	
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 JACQUELINE DA SILVA					Date 11/02/2023
Signature of Authorized Representative <i>J da Silva</i>					FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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