



State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2024
Corporation

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R.I. DEPT. OF STATE
BUS SVCS DIV
FOR SECRETARY OF STATE
USE ONLY

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

2024 JAN 24 7 4 03

1. Entity ID Number 0017486109		2. Exact name of the Corporation Bel Sogno Cigar Bar Inc.			
3. Principal Office Address 74 Arcadia Ave.		City Cranston		State RI	Zip 02910
4. NAICS Code 453991		6. Brief description of the character of business conducted in Rhode Island Cigar Bar, services includes the sale of tobacco products, Food, alcohol + entertainment			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Ligia Diaz			Vice-President Name		
Street Address 74 Arcadia Ave.			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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			
		1,000		CNP	
				0.0	
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 Ligia Diaz				Date 1/24/24	
Signature of Authorized Representative 				JAN 24 2024	

FILED 485
BY JXSUD

MAIL TO:
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