



State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2023
Corporation

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BUS SVCS DIV

2024 JAN 24 11:03

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

1. Entity ID Number <u>0017486109</u>		2. Exact name of the Corporation <u>Bel Sogno Cigar Bar Inc.</u>			
3. Principal Office Address <u>74 Acadia Ave.</u>		City <u>Cranston</u>		State <u>RI</u>	Zip <u>02910</u>
4. NAICS Code <u>452991</u>		6. Brief description of the character of business conducted in Rhode Island <u>Cigar Bar, services includes the sale of tobacco products, Food, alcohol + entertainment</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>Ligia Diaz</u>			Vice-President Name		
Street Address <u>74 Acadia Ave.</u>			Street Address		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>	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	
		<u>1,000</u>	<u>CNP</u>	<u>0.0</u>	
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 <u>Ligia Diaz</u>				Date <u>1/24/24</u>	
Signature of Authorized Representative 				Date <u>JAN 24 2024</u>	

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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