



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: **2024**

Corporation _____

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

JAN 31 2024

8760 02

1. Entity ID Number 000015018		2. Exact name of the Corporation Sueno, Inc			
3. Principal Office Address 28 Smith Ave			City Greenville	State RI	Zip 02828
4. NAICS Code 448120		6. Brief description of the character of business conducted in Rhode Island Manufacturing, buying, selling both wholesale and retail of women's and children's clothing			
5. State of Incorporation Rhode Island		Title: 7-1.1-51			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sueno Martini			Vice-President Name Masko Caranci		
Street Address 28 Smith Ave			Street Address 28 Smith Ave		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
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 Sueno Martini			Director Name Masko Caranci		
Street Address 28 Smith Ave			Street Address 28 Smith Ave		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
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	
		300		0	
				PAR VALUE	
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 Mask Caranci					Date 1/29/24
Signature of Authorized Representative <i>Masko Caranci</i>					