



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.

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|  |   |   |                                      |              |                 |
|--|---|---|--------------------------------------|--------------|-----------------|
| 1. Entity ID Number<br>000015018   |   | 2. Exact name of the Corporation<br>Sueno, Inc  |                                      |              |                 |
| 3. Principal Office Address<br>28 Smith Ave  |   | City<br>Greenville  |                                      | State<br>RI  | Zip<br>02828    |
| 4. NAICS Code<br>448120  | 6. Brief description of the character of business conducted in Rhode Island<br>Manufacturing, buying, selling both wholesale and retail of women's and children's clothing<br>Title: 7-1.1-51 |   |                                      |              |                 |
| 5. State of Incorporation<br>Rhode Island  |   |   |                                      |              |                 |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |   |   |                                      |              |                 |
| President Name<br>Sueno Martini  |   |   | Vice-President Name<br>Masko Caranci |              |                 |
| Street Address<br>28 Smith Ave   |   |   | Street Address<br>28 Smith Ave       |              |                 |
| City<br>Greenville   | State<br>RI   | Zip<br>02828  | City<br>Greenville                   | State<br>RI  | Zip<br>02828    |
| Secretary Name   |   |   | Treasurer Name                       |              |                 |
| Street Address   |   |   | Street Address                       |              |                 |
| City   | State   | Zip   | City                                 | State        | Zip             |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |   |   |                                      |              |                 |
| Director Name<br>Sueno Martini   |   |   | Director Name<br>Masko Caranci       |              |                 |
| Street Address<br>28 Smith Ave   |   |   | Street Address<br>28 Smith Ave       |              |                 |
| City<br>Greenville   | State<br>RI   | Zip<br>02828  | City<br>Greenville                   | State<br>RI  | Zip<br>02828    |
| Director Name  |   |   | Director Name                        |              |                 |
| Street Address   |   |   | Street Address                       |              |                 |
| City   | State   | Zip   | City                                 | State        | Zip             |
| 9. Shares Authorized   |   | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                                      |              |                 |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |   | NUMBER OF SHARES  |                                      | CLASS/SERIES | PAR VALUE       |
|  |   | 300   |                                      |              | 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.<br><b>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.</b> |   |   |                                      |              |                 |
| Name of Authorized Representative<br>Mask Caranci  |   |   |                                      |              | Date<br>1/29/24 |
| Signature of Authorized Representative<br>   |   |   |                                      |              |                 |

MAIL TO:

Division of Business Services

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