



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.

REC'D RI SOS BSD
24 MAR 4 PM 3:01:00

1. Entity ID Number 38058		2. Exact name of the Corporation Scrumptions Inc.			
3. Principal Office Address 7 Emerson Court			City West Warwick	State RI	Zip 02893
4. NAICS Code 445299		6. Brief description of the character of business conducted in Rhode Island Specialty Food Products			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Anna Carreiro			Vice-President Name Moises Carreiro		
Street Address 7 Emerson Court			Street Address 7 Emerson Court		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name Anna Carreiro			Treasurer Name Moises Carreiro		
Street Address 7 Emerson Court			Street Address 7 Emerson Court		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Anna Carreiro			Director Name Moises Carreiro		
Street Address 7 Emerson Court			Street Address 7 Emerson Court		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
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/S.L.R.E.S	
		PAR VALUE			
		200	common	no par	
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 Moises Carreiro				Date 2/23/2024	
Signature of Authorized Representative <i>Moises Carreiro</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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