



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 R.I. DOS B.S.D.
24 MAR 2024 PM 3:01

| | | | | | | |
|--|--------------------|---|---|--------------------------|--|--|
| 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

MAR 04 2024
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