



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.

REC'D RIDOS BSD
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STAMP
 STATE OF RHODE ISLAND
 DEPARTMENT OF STATE

1. Entity ID Number 001718923		2. Exact name of the Corporation Vegan Suga, Inc.			
3. Principal Office Address P.O. BOX 24		City WEST WARWICK		State RI	Zip 02893
4. NAICS Code 311520		6. Brief description of the character of business conducted in Rhode Island Ice cream and dessert creations.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name NADINE LOPES		Vice-President Name NADINE LOPES			
Street Address P.O. BOX 24		Street Address P.O. BOX 24			
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
Secretary Name NADINE LOPES		Treasurer Name NADINE LOPES			
Street Address P.O. BOX 24		Street Address P.O. BOX 24			
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 NADINE LOPES		Director Name			
Street Address P.O. BOX 24		Street Address			
City WEST WARWICK	State RI	Zip 02893	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	
		1000	CNP	\$0.00	
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 NADINE LOPES				Date 3/8/2024	
Signature of Authorized Representative <i>N. Lopes</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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