State of Rhode Island
Department of State - Business Services Division

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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.

1. Entity ID Number	2. Exact name of the Corporation		
001718923	Vegan Suga, Inc.		
3. Principal Office Address	City	State	Zip
P.O. BOX 24	WEST WARWICK	RI	02893
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
311520	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 ☐

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 ☐

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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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	Date
NADINE LOPES	3/8/2024
Signature of Authorized Representative: N Lopes	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

APR 08 2024
BY JNB25

FORM 630 - Revised: 11/2021