



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.

**FILED STAMP**  
 MAY 07 2024  
 BY *[Signature]*  
SECRETARY OF STATE  
 RI 02903

1. Entity ID Number <b>144408</b>	2. Exact name of the Corporation <b>MI SUENO, INC</b>
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3. Principal Office Address <b>1070 BROAD STREET</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>
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4. NAICS Code <b>722511</b>	6. Brief description of the character of business conducted in Rhode Island <b>TO OPERATE A RESTAURANT WITH LIVE AND DJ ENTERTEINMENT</b>
5. State of Incorporation <b>RHODE ISLAND</b>	

7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>JESUS TITIN</b>		Vice-President Name <b>SAME</b>			
Street Address <b>1070 BROAD STREET</b>		Street Address			
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>	City	State	Zip
Secretary Name <b>SAME</b>		Treasurer Name <b>SAME</b>			
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 <b>JESUS TITIN</b>		Director Name			
Street Address <b>1070 BROAD STREET</b>		Street Address			
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>	City	State	Zip
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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	<b>600</b>	<b>NO PAR VALUE</b>	

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 <b>JESUS TITIN</b>	Date <b>12/01/2023</b>
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Signature of Authorized Representative  
*[Handwritten Signature: Jesus Titin]*