

State of Rhode Island Department of State - Business Services Division

FEB 24 2025 A 7 P BY 43930

Annual Report for the year:	2025
Corporation	

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

→ Penalty:	Additional	\$25.00	fee if	form is	not	filed I	by Ma	y 31.
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Penalty: Additional \$25.00									
Entity ID Number	2. Exact name of the Corporation								
1705341	Monelle Inc.								
3. Principal Office Address			City		State	Zip			
58 Third Street			Newpo	ort	RI	02840			
4. NAICS Code	Brief description of the character of business conducted in Rhode Island								
448150	Retail								
5. State of Incorporation									
RI	Ĭ								
7. List ALL officers (names and ad	dresses)		1.2 =		the box to indicate a	n attachment 🔲			
President Name Nell Soper			Vice-Presid	dent Name					
Street Address 12 Bowens Wharf			Street Addi	ress					
Newport	State RI	^{Zıp} 02840	City		State	Zip			
Secretary Name	1	1	Treasurer f	Name					
Street Address			Street Address						
City	State	Zip	City		State	Zip			
B. List ALL directors (names and a	ddresses)				k the box to indicate a	n attachment 🔲			
Director Name			Director Na	ame					
Street Address		Street Address							
City	State	Zip	City		State	Zip			
Director Name			Director Name						
Street Address			Street Address						
City	State	Zip	City		State	Zip			
9. Shares Authorized		10. Shares Issu			k the box to indicate a	n attachment PAR VALUE			
This information is currently of record in the Department of State.		NUMBER OF SHARES		CNP	SS/SERIES 0	PAR VALUE			
Changes require an additional filing	·			 					
11. This report must be executed of	on behalf of the	corporation by an a	uthorized rep	resentative. If the	e corporation is in the	hands of a re-			
ceiver or trustee, this report must	be executed on	behalf of the corpor	ation by the i	receiver or truste	е.				
	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.								
ame of Authorized Representative				Date	Date 1/11/2025				
Signature of Authorized Represen	tative	1			<i>'</i>				
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MAIĹ TO:

Division of Business Services

148 W. River Street, Providence, Rhade Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ni.gov