



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 RHODES BSD  
25 MAY 8 AM 10:32:49

1. Entity ID Number <u>000104483</u>		2. Exact name of the Corporation <u>VERONICA'S DREAM INC</u>	
3. Principal Office Address <u>1775 Baldwells Rd</u>		City <u>Warrick</u>	State <u>RI</u>
4. NAICS Code <u>448120</u>		6. Brief description of the character of business conducted in Rhode Island <u>WOMEN'S CLOTHING STORE</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>RONNIE GOLDEN ENGLE</u>		Vice-President Name	
Street Address <u>1775 Baldwells Rd</u>		Street Address	
City <u>Warrick</u>	State <u>RI</u>	City <u>02886</u>	Zip
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	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		Director Name	
Street Address		Street Address	
City	State	City	Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	City	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.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		<u>3000</u>	<u>STN</u>
		PAR VALUE	<u>0</u>
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. <u>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.</u>			
Name of Authorized Representative <u>[Signature]</u>		FILED	Date <u>5/8/2025</u>
Signature of Authorized Representative <u>[Signature]</u>		MAY 08 2025 <u>5N2T7</u>	

MAIL TO:  
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