



State of Rhode Island
Department of State - Business Services Division

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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 by May 31.

1. Entity ID Number 1750721		2. Exact name of the Corporation Soups and Scoops, Inc.			
3. Principal Office Address 5 Brayton Meadow			City East Greenwich	State RI	Zip 02818
4. NAICS Code 72251		6. Brief description of the character of business conducted in Rhode Island Restaurant			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lily Scott			Vice-President Name Lily Scott		
Street Address 5 Brayton Meadow			Street Address 5 Brayton Meadow		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Lily Scott			Treasurer Name Lily Scott		
Street Address 5 Brayton Meadow			Street Address 5 Brayton Meadow		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Lily Scott			Director Name None		
Street Address 5 Brayton Meadow			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Director Name None			Director Name None		
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
			100		Common
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. FILED					
Name of Authorized Representative Lily Scott				Date 4/28/25	
Signature of Authorized Representative <i>Lily Scott</i>				JUN 30 2025 BY <u>Y7EXT</u>	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov