



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIVAnnual Report for the year: **2020**
Corporation

2020 MAR 27 P 2:55

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 001692987		2. Exact name of the Corporation LETICIA'S CAFE, INC.			
3. Principal Office Address ONE PETER PAN WAY			City PROVIDENCE	State RI	Zip 02904
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island COFFEE AND DONUT SHOP			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LETICIA R. FAISON			Vice-President Name STEVEN F. FAISON		
Street Address 23 LONGVIEW DRIVE			Street Address 23 LONGVIEW DRIVE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name STEVEN F. FAISON			Treasurer Name LETICIA R. FAISON		
Street Address 23 LONGVIEW DRIVE			Street Address 23 LONGVIEW DRIVE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name LETICIA R. FAISON			Director Name STEVEN F. FAISON		
Street Address 23 LONGVIEW DRIVE			Street Address 23 LONGVIEW DRIVE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Director Name N/A			Director Name N/A		
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/STRIKES		
			PAR VALUE		
			500 SHARES		
			COMMON		
			NO PAR VALUE		
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 LETICIA R. FAISON (President)					Date February 3, 2020
Signature of Authorized Representative 					

SIGNATURE IDENTIFIED **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

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