



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.

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RI DEPT. OF STATE  
BUS. SVCS. DIV.

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1. Entity ID Number <b>001739158</b>		2. Exact name of the Corporation <b>Kaffeology Restaurants Corp</b>	
3. Principal Office Address <b>359 Thames St. Unit D</b>		City <b>Newport</b>	State <b>RI</b>
4. NAICS Code <b>722513</b>		6. Brief description of the character of business conducted in Rhode Island <b>Cafe serving breakfast, lunch sandwiches, salads, bowls, coffee, tapas, drinks, and retail</b>	
5. State of Incorporation <b>RI</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>Andreea Marin</b>		Vice-President Name <b>Victoria Michel</b>	
Street Address <b>9 Brewer St. Apt 6</b>		Street Address <b>9 Brewer St. Apt 6</b>	
City <b>Newport</b>	State <b>RI</b>	City <b>Newport</b>	State <b>RI</b>
Zip <b>02840</b>		Zip <b>02840</b>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		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>Andreea Marin</b>		Director Name <b>Victoria Michel</b>	
Street Address <b>9 Brewer St. Apt 6</b>		Street Address <b>9 Brewer St. Apt 6</b>	
City <b>Newport</b>	State <b>RI</b>	City <b>Newport</b>	State <b>RI</b>
Zip <b>02840</b>		Zip <b>02840</b>	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <b>10,000,000</b>	CLASS/SERIES <b>CWP</b>
			PAR VALUE <b>0.0100</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. <b>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.</b>			
Name of Authorized Representative <b>Andreea Marin</b>		Date <b>1/5/2023</b>	
Signature of Authorized Representative <i>[Signature]</i>		FILING <b>2:34</b>	

MAIL TO:  
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Website: www.sos.ri.gov

BY 1XTA

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