



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
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1. Entity ID Number <u>001739158</u>		2. Exact name of the Corporation <u>Kaffeology Restaurants Corp</u>	
3. Principal Office Address <u>359 Thames St. Unit D</u>		City <u>Newport</u>	State <u>RI</u>
4. NAICS Code <u>722513</u>		6. Brief description of the character of business conducted in Rhode Island <u>Cafe serving breakfast, lunch sandwiches, salads, bowls, coffee, tapas, drinks, and retail</u>	
5. State of Incorporation <u>RI</u>		7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment	
President Name <u>Andreea Marin</u>		Vice-President Name <u>Victoria Michel</u>	
Street Address <u>9 Brewer St. Apt 6</u>		Street Address <u>9 Brewer St. Apt 6</u>	
City <u>Newport</u>	State <u>RI</u>	City <u>Newport</u>	State <u>RI</u>
Zip <u>02840</u>		Zip <u>02840</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
Director Name <u>Andreea Marin</u>		Director Name <u>Victoria Michel</u>	
Street Address <u>9 Brewer St. Apt 6</u>		Street Address <u>9 Brewer St. Apt 6</u>	
City <u>Newport</u>	State <u>RI</u>	City <u>Newport</u>	State <u>RI</u>
Zip <u>02840</u>		Zip <u>02840</u>	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <input type="checkbox"/> Check the box to indicate an attachment	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<u>10,000,000</u>	<u>CWP</u>
			<u>0.0100</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. 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 <u>Andreea Marin</u>		Date <u>1/5/2023</u>	
Signature of Authorized Representative 		FILING <u>2:34</u>	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

BY WTA
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 FORM 630 - Revised: 11/2021