



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

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BUS SVCS DIV

2023 DEC 12 A 10:18

- 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 <u>000132758</u>		2. Exact name of the Corporation <u>CAFE International INC</u>	
3. Principal Office Address <u>675 OAKLAWN AVE</u>		City <u>CRANSTON</u>	State <u>RI</u>
Zip <u>02920</u>		6. Brief description of the character of business conducted in Rhode Island <u>Coffee Shop</u>	
4. NAICS Code <u>722511</u>		5. State of Incorporation	
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>EHAB AWAD</u>		Vice-President Name	
Street Address <u>541 OAKLAWN AVE</u>		Street Address	
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	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	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized <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.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <u>100</u>	CLASS/SERIES <u>STK</u>
		PAR VALUE <u>0.00</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>EHAB AWAD</u>		Date <u>12/12/23</u>	
Signature of Authorized Representative 		DEC 12 2023 BY <u>AYG QY</u>	

MAIL TO:  
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