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State of Rhode Island

Department of State - Business Services Division

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Annual Report for the year: Corporation	2023	· · · · · · · · · · · · · · · · · · ·				(۱۱)	si es				
→ Filing period: February 1 - → Filing Fee: \$50.00 → Penalty: Additional \$25.00 f		iled by May 31.		RECEIVED R.I. DEPT. OF S RUS SVOS	TATE						
1. Entity ID Number 1727 4 55	2. Exact name o			eefBatifici 2 F							
3 Principal Office Address 3 Dexter st			City	Cumberland	State	RI	Zip 02864				
4. NAICS Code 12-5-5 5. State of Incorporation Rhode Island	6. Brief description of the character of business conducted in Rhode Island Coffee Shop serving simple bites and locally roasted coffee										
7 List ALL officers (names and ad	dresses)		lu o		box to indic	ate an at	tachment 🔲				
President Name Eddy M	Sandoval		Vice-Presid	Vice-President Name							
Street Address 439 Broad st			Street Add	Street Address 439 Broad st							
Cumberland	State RI	^{Zip} 02864	Спу	mberland	State	RI	^{Zip} 02864				
Secretary Name	1	1 0200	Treasurer Name								
Street Address			Street Address								
City	State	Zip	City		State		Zip				
8 List ALL directors (names and a	ddresses)				box to indi	ate an at	tachment 🔲				
Director Name Dir				Director Name							
Street Address			Street Address								
City	State	Zip	City		State	State Zip					
Director Name		Director Name									
Street Address			Street Address								
City	State	Zip	City		State		Zip				
9. Shares Authorized		10. Shares Issu				cate an a	ttachment 🗆				
This information is currently of reco Department of State.	ecord in the NUMBER OF S		SHARES CLASSISERIES		NES.		PAR VALUE				
Changes require an additional filing	dditional filing.										
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 decla statements, and that all stateme	re and affirm that	t I have examine	d this repor		ompanying	schedul	es and				
Name of Authorized Representative Eddy M. Sand				FILED		Date 10-19 23					
Signature of Authorized Representative Eday M Sandoval DEC 1 2 2023											

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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