



State of Rhode Island
Department of State - Business Services Division

FILED

FEB 23 2024

BY

20814

Annual Report for the year: 2024

Corporation

→ 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 60377		2. Exact name of the Corporation CAFFE ITRI, INC.	
3. Principal Office Address 1686 CRANSTON STREET		City CRANSTON	State RI
		Zip 02920	
4. NAICS Code 722511	6. Brief description of the character of business conducted in Rhode Island RESTAURANT		
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 GREGORY P. SPREMULLI		Vice-President Name GREGORY P. SPREMULLI	
Street Address 1686 CRANSTON STREET		Street Address 1686 CRANSTON STREET	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02920		Zip 02920	
Secretary Name GREGORY P. SPREMULLI		Treasurer Name GREGORY P. SPREMULLI	
Street Address 1686 CRANSTON STREET		Street Address 1686 CRANSTON STREET	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02920		Zip 02920	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		200	COMMON
			NONE
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 GREGORY P. SPREMULLI		Date 2/20/24	
Signature of Authorized Representative			

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov