

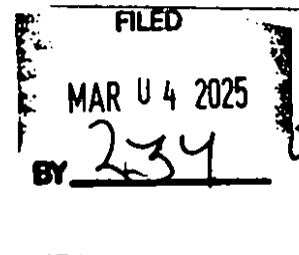


State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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 000094475		2. Exact name of the Corporation Jitters Cafe, Inc.												
3. Principal Office Address 530 Tower Hill Road			City North Kingstown	State RI	Zip 02852									
4. NAICS Code 722515		6. Brief description of the character of business conducted in Rhode Island Operation of a coffee shop including the sale of coffee and related items												
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 Susan Osbrey			Vice-President Name Raymond G. Osbrey, III											
Street Address 307 Plain Road			Street Address 307 Plain Road											
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817									
Secretary Name Raymond G. Osbrey, III			Treasurer Name Susan Osbrey											
Street Address 307 Plain Road			Street Address 307 Plain Road											
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Raymond G. Osbrey, III			Director Name Susan Osbrey											
Street Address 307 Plain Road			Street Address 307 Plain Road											
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>no par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	no par			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	Common	no par												
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 Susan Osbrey				Date 2-27-2025										
Signature of Authorized Representative <i>Susan Osbrey</i>														

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