State of Rhode Island
Department of State - Business Services Division

FILED
MAR 04 2025
BY 234

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	2. Exact name of the Corporation			
000094475	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 ☐

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 ☐

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 ☐

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	Date
Susan Osbrey	2-27-2025

Signature of Authorized Representative: Susan Osbrey

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

FORM 630- Revised. 12/2023