RI SOS Filing Number: 202568705740 Date: 4/1/2025 11:37:00 AM

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State of Rhode Island
Department of State - Business Services Division

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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		
000082891	L.A. Cafe Inc.		
3. Principal Office Address	**City**	**State**	**Zip**
245 Washington St.	West Warwick	RI	02893
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**		
722410	BAR / RESTAURANT		
5. State of Incorporation			
RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Michael James Kelly			Alfred Gene Anzevino		
Street Address			**Street Address**		
5 Lafayette Park			245 Washington St		
City	**State**	**Zip**	**City**	**State**	**Zip**
East Freetown	MA	02717	West Warwick	RI	02893
Secretary Name			**Treasurer Name**		
Michael James Kelly			Alfred Gene Anzevino		
Street Address			**Street Address**		
City	**State**	**Zip**	**City**	**State**	**Zip**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			**Street Address**		
City	**State**	**Zip**	**City**	**State**	**Zip**
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
1000	CNP	0.00

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
Michael James Kelly	$ 4/1/25

Signature of Authorized Representative: Michael J Kelly

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BY 23982

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