RI SOS Filing Number: 202568706080 Date: 4/1/2025 11:36:00 AM

State of Rhode Island Department of State - Business Services Division						STAMP	
Annual Report for the year	:_ <i></i>	29				<u>₹</u>	
Corporation → Filing period: February → Filing Fee: \$50.00			SECRETALLY DE STATE				
Penalty: Additional \$25.0			Q Q				
Entity ID Number		e of the Corporation	l			• .	
००००४२४१।	L. A	Cafe Inc	<u>.</u> .				
3. Principal Office Address	1 - 1 (.		City		State	Zip	
· ·	-1		1 *	warwick	RI	O 2 8 9 3	
245 Washingto			1				
4. NAICS Code	. I .			conducted in Rhode Is	land		
722410	BAK!	RESTAURA	rai				
5. State of Incorporation							
RI	İ						
7. List ALL officers (names and addresses)				Check the box to indicate an attachment			
President Name				Vice-President Name .			
Michael James Kelly Street Address				Alfred Gene Anzevino			
5 Lafayette Park			245 Washington St				
City	State	Zip	City	2003 (103) - 211	State	Zip	
Last Freetown	MA	クシゴリブ		warwick.	RI	02893	
Secretary Name	12 11		Treasurer Nar				
Michael Jame Street Address		Alfred Gene Anzovino					
Oli Cat / Add Cag			Street Address	•			
City	State	Zip	City		State	Zip	
	<u>, , , , , , , , , , , , , , , , , , , </u>				1		
8. List ALL directors (names an Director Name	d addresses)		Director Name		x to indicate	e an attachment 🗀	
	Direction Hamil						
Street Address	Street Address						
City	State	Zip	City		State	Zip	
Discorted No. 11			0:				
Director Name			Director Name	2			
Street Address			Street Address	s			
						·	
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issu	led	Check the bo	y to indicate	I e an attachment □	
This information is currently of re	ecord in the	NUMBER OF		C'LASS/SERIES		PAR VALUE	
Department of State.		1000		CNP		0.00	
Changes require an additional fil	ing.		+			.	
11. This report must be execute							
ceiver or trustee, this report mu Under penalty of perjury, I de	st be executed on clare and affirm t	behalf of the corpor that I have examine	ation by the rec	eiver or trustee. Including any accom	nanvina sc	hedules and	
statements, and that all state				——————————————————————————————————————	punying so	reduico una	
Name of Authorized Representative					Date .	•	
Michael Jan	14	186			1 25		
Michael Jan Signature of Authorized Repres	entative	/			1 - '''		
Milail & Le	lg			FILE			
MAIL TO:	71				11210)	
Division of Business Services 148 W. River Street, Providence, RI	No. 1010-1 00004 0	645		APR 0 1 2025	11.		
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Phone: (401) 222-3040

Website: www.sos.ri.gov

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