RI SOS Filing Number: 202572408310 Date: 4/28/2025 3:58:00 PM

| State of Rhode Island Department of St  |   | s Services D                              | ivision             |   |            | STAMP                       |  |
|---|---|---|---------------------|---|------------|-----------------------------|--|
| Annual Report for the year: 2024  |   |   |                     | RECEIVED                                |            | ron                         |  |
| Corporation → Filing period: February 1 -   |   | RECEIVED<br>R.I. DEPT. OF S<br>BUS SYGS D | ria .<br>No         | FOR<br>SECRETARY OF STATE<br>USE ONLY   |            |                             |  |
| → Filing Fee: \$50.00   |   |   |                     |   |            |                             |  |
| Penalty: Additional \$25.00 f   |   |   |                     |   | 3:57       |                             |  |
| 1. Entity ID Number 001720758   |   | f the Corporation                         |                     |   |            |                             |  |
|   |   |   |                     |   |            |                             |  |
| 3. Principal Office Address 6689 Post Road  |   |   | 110                 | Hingstown                               | State      | 0285)                       |  |
| 4. NAICS Code   | •   |   |                     | s conducted in Rhode Isla               |            |                             |  |
| 722513  | Sells Coffee, Donuts and breakfast Sandwiches |   |                     |   |            |                             |  |
| 5. State of Incorporation   |   |   |                     |   |            |                             |  |
| RI  |   |   |                     |   |            |                             |  |
| 7. List ALL officers (names and addresses)  |   |   |                     | Check the box to indicate an attachment |            |                             |  |
| President Name Monyta Oung  |   |   | Vice-President Name |   |            |                             |  |
| Street Address 1987 Elmuood Ave   |   |   | Street Address      |   |            |                             |  |
| city Warwick  | State RT                                      | 21p 02888                                 | City                |   | State      | Zip                         |  |
| Secretary Name  |   |   | Treasurer Name      |   |            |                             |  |
| Street Address  |   |   | Street Address      |   |            |                             |  |
| City  | State   | Zip                                       | City                |   | State      | Zip                         |  |
| 8. List ALL directors (names and a  | ddresses)                                     | ı   | 1                   | Check the box                           | to indicat | e an attachment 🗖           |  |
| Director Name   |   |   | Director Name       |   |            |                             |  |
| Street Address  |   |   | Street Address      |   |            |                             |  |
| City  | State   | Zıp                                       | City                | -                                       | State      | Zip                         |  |
| Director Name   | 1   |   | Director Name       |   |            |                             |  |
| Street Address  |   |   | Street Address      |   |            |                             |  |
| City  | State   | Zip                                       | City                |   | State      | Zip                         |  |
|   |   | 10. Shares Issue                          |                     |   |            | te an attachment  PAR VALUE |  |
| Department of State.  Changes require an additional filing.   |   | 0   | MES                 | CLASS/SERIES                            | lo         | .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 re-  |   |   |                     |   |            |                             |  |
| ceiver 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   |   |   |                     |   |            |                             |  |
| Monuta Ouna 4/18/2025   |   |   |                     |   |            | 18/2025                     |  |
| Signature of Authorized Representative  |   |   |                     |   |            | <u> </u>                    |  |
| monyta oung   |   |   |                     |   |            |                             |  |
| MAIL TO:  Division of Business Services  APR 20 2023  3.56  |   |   |                     |   |            |                             |  |
| MAIL TO: Division of Business Services  148 W. River Street, Providence, Rhode Island 02904-2615  Phone: (401) 222-3040  APR 28 2025  BY LY 3 2 1  BY LY 3 2 1  |   |   |                     |   |            |                             |  |

Website: www.sos.ri.gov

ORM 630- Revised. 12/2023