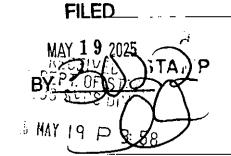
State of Rhode Island Department of State -	Business Services Division
Annual Report for the year: Corporation	2025
→ Filing period February 1 - May → Filing Fee \$50.00	1

→ Penalty. Additional \$25.00 fee if form is not filed by May 31.



1. Entity ID Number 001700891		2. Exact name of the Corporation RICHIE, Inc.						
3. Principal Office Address 153 Exeter Road		City N. Kingst	town	State RI	Zip 02852			
4. NAICS Code	6. Brief descr	ription of the characte	er of business o	conducted in Rhode I	Island			
722410	Restaura	int						
5. State of Incorporation	— 1.00.00.00	Trestaurant						
RI								
7. List ALL officers (names and a	addresses)			Check	the box to it	ndicate an attachment 🔲		
President Name Pedro Barajas			Vice-Presiden	Vice-President Name Francisco Lepe				
Street Address 153 Exeter Road			Street Address 8220 Post Road					
City North Kingstown	State RI	^{Z_{ip}} 02852	City North Kingstown		State RI	^{Zip} 02852		
Francisco Lepe			Treasurer Name Yvonne M. Marin					
Street Address 8220 Post Road		Street Address 73 Pontiac Street						
City North Kingstown	State RI	^{Z₁p} 02852	City Warwick		State RI	^{Z_{IP}} 02886		
8. List ALL directors (names and	addresses)			Check	the box to in	ndicate an attachment 🔲		
Director Name Pedro Barajas		Director Name Francisco Lepe						
Street Address 153 Exeter Road		Street Address 8220 Post Road						
^{City} North Kingstown	State RI	^{Zip} 02852	City North Kingstown		State RI	^{Zip} 02852		
Director Name Yvonne M. Marin			Director Name					
Street Address 73 Pontiac Street			Street Address					
^{City} Warwick	State RI	^{Z₁p} 02886	City	·	State	Zıp		
9 Shares Authorized		10. Shares Issu				ndicate an attachment 🔲		
This information is currently of red Department of State.	cord in the	100	SHARES	CLASSISERIE COMMON		None PAR VALUE		
Changes require an additional filir	ng.					,		
This report must be executed trustee, this report must be executed.		. ,	•	•	oration is in t	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 statem		herein are true and	i correct.		15.4-			
Name of Authorized Representation Pedro Barajas, Presider		Date 4/17/25						
Signature of Adthorized Represe	entalive /							

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sas ri.gov