State of Rhode Island

Department of State - Business Services Division

FILED

MAY 19 2025

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BY

MAY 19 P 3:58

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			
001700891	RICHIE, Inc.			
3. Principal Office Address		City	State	Zip
153 Exeter Road		N. Kingstown	RI	02852
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
722410	Restaurant			
5. State of Incorporation				
RI				

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

President Name: Pedro Barajas			Vice-President 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
Secretary Name: Francisco Lepe			Treasurer Name: Yvonne M. Marin		
Street Address: 8220 Post Road			Street Address: 73 Pontiac Street		
City: North Kingstown	State: RI	Zip: 02852	City: Warwick	State: RI	Zip: 02886

8. List ALL directors (names and addresses) — Check the box to indicate 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	Zip: 02886	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	None

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: Pedro Barajas, President

Date: 4/17/25

Signature of Authorized Representative:

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: 11/2021