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			
1739158	Raffeology Restaurants Corp			
3. Principal Office Address		City	State	Zip
359 Thames Street unit D		Newport	RI	02840
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
722513	brunch restaurant serving dinner at night			
5. State of Incorporation				
RI				

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

President Name			Vice-President Name		
Andreea Marin			Victoria Michel		
Street Address			Street Address		
125 Midway Rd unit 105			14 Captain John Jacobs Rd unit		
City	State	Zip	City	State	Zip
Cranston	RI	02920			
Secretary Name			**Treasurer Name**		
Andreea Marin			Victoria Michel		
Street Address			Street Address		
125 Midway Rd unit 105			14 Captain John Jacobs Rd unit 108		
City	State	Zip	City	State	Zip
Cranston	RI	02920	East Providence	RI	02914

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

Director Name			Director Name		
Andreea Marin			Victoria Michel		
Street Address			Street Address		
125 Midway Rd unit 105			14 Captain John Jacobs Rd unit 108		
City	State	Zip	City	State	Zip
Cranston	RI	02920	East Providence	RI	02914
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	10,000,000	CWP	0.01

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
Andreea Marin	7/30/25
Signature of Authorized Representative	
PILED JUL 30 2025 BY BMJ39 KS	

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. 12/2023