State of Rhode Island
Department of State - Business Services Division

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25 JUL 30 PM4:13:15

STAMP

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			
1681144	Kaffeology Inc			
3. Principal Office Address		**City**	**State**	**Zip**
359 Thames St. unit D		Newport	RI	02840
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**			
722515	coffeeshop serving breakfast food, coffee, and pastries			
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	
Street Address	**Street Address**
125 Midway Rd unit 105	
City / State / Zip	**City / State / Zip**
Cranston / RI / 02920	
Secretary Name	**Treasurer Name**
Andreea Marin	
Street Address	**Street Address**
125 Midway Rd unit 105	
City / State / Zip	**City / State / Zip**
Cranston / RI / 02920	

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

Director Name	Director Name
Andreea Marin	
Street Address	**Street Address**
125 Midway Rd unit 105	
City / State / Zip	**City / State / Zip**
Cranston / RI / 02920	
Director Name	**Director Name**
Street Address	**Street Address**
City / State / Zip	**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	CN P	0.0

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.

FILED

Name of Authorized Representative	Date
Andreea Marin	7/30/25

Signature of Authorized Representative: [signature] BY BMJ 39

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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