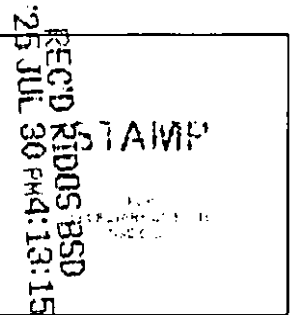




State of Rhode Island
Department of State - Business Services Division

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 <u>1681144</u>		2. Exact name of the Corporation <u>Kaffeology Inc</u>			
3. Principal Office Address <u>359 Thames St. unit D</u>		City <u>Newport</u>		State <u>RI</u>	Zip <u>02840</u>
4. NAICS Code <u>722515</u>		6. Brief description of the character of business conducted in Rhode Island <u>coffee shop serving breakfast food, coffee, and pastries</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>Andrea Marin</u>			Vice-President Name		
Street Address <u>125 Midway Rd unit 105</u>			Street Address		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>	City	State	Zip
Secretary Name <u>Andrea Marin</u>			Treasurer Name		
Street Address <u>125 Midway Rd unit 105</u>			Street Address		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name <u>Andrea Marin</u>			Director Name		
Street Address <u>125 Midway Rd unit 105</u>			Street Address		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
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 <u>100</u>	CLASS/SERIES <u>CNP</u>	PAR VALUE <u>0.0</u>
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. <u>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.</u> FILED					
Name of Authorized Representative <u>Andrea Marin</u>					Date <u>7/30/25</u>
Signature of Authorized Representative <u>[Signature]</u> <u>BMJ39</u>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov