RI SOS Filing Number: 202578244660 Date: 9/16/2025 4:00:00 PM

State of Rhode Island	l							
Department of State - Business Services Di					150			
Annual Report for the year: 2025				PM2:3				
Filing period: February 1 - I		<u>55</u>						
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fe	o if form is not fil	ad by May 31			22			
1. Entity ID Number	2. Exact name of				_	<del></del>		
001767443	CIELITO	•	LITCHEN	, INC				
3. Principal Office Address	st		City	nberland	State_		zip 9,7864	
4. NAICS Code				s conducted in Rhode Isla	and		,	
7 22513  5. State of Incorporation	Mexican restaurant serving food and drinks an providence.							
R	fond and drinks an Providence							
7. List ALL officers (names and add	resses)	W V ( )		Check the box	to indi	cate an atta	chment 🗆	
President Name				Vice-President Name				
Street Address			Street Address					
City comberland	State 7	Zip 7564	City		State		Zip	
Secretary Name				Treasurer Name				
Street Address			Street Address					
City	State	Zip	City		State		Zip	
8. List ALL directors (names and addresses)				Check the box	to indi	cate an atta	chment 🔲	
Director Name				Director Name				
Street Address			Street Address					
City	State	Zip	City		State Zip		Zip	
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State		Zip	
9. Shares Authorized		10. Shares Issue		Check the box	to indi			
This information is currently of record Department of State.	d in the	NUMBER OF SH	ľ	CLASS/SERIES		_	PAR VALUE	
Changes require an additional filing.		100.00 STK		s:TK	0.0100			
							_	
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	9/16	12025	
Signature of Authorized Representative FILED								
( / myst								
MAIL TO: SEP 16, 2025								

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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