

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK \* In accordance with R.I.G.L. 7-1,2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1,2-1501(c&d)) is subject to a penalty fee of \$25.00.

1 Corporate ID No. 80775	2. Name of Corp CUOZZO*	2. Name of Corporation CUOZZO'S CASA DE PIZZA INC					
3. Street Address Principal Business Office 27 PLAZA WAY BOX 11			NORTH SCITUATE	State RI	<sup>Zip</sup> 02857		
4. Bustness Phone No. 401-934-3050	401-934-3050 RHODE ISLA			alion			
6. Brief Description of the Charac RETAIL SALE OF PIZZ	A AND SANDWIC	CHES	***************************************				
7. NAMES AND ADDRESS President Name	SES OF THE OFFI	CERS: ("X" BOX FOR	ATTACHMENT) [] FILL IN SPA	CES BEFORE USING	ATTACHMENTS		
JOSEPH CUOZZO			Vice President Name DANIEL CUOZZO				
Street Address 27 PLAZA WAY BÔX 11			Street Address 27 PLAZA WAY BOX 11				
NORTH SCITUATE	RI	χιρ 02857	City NORTH SCITUATE	State RI	<sup>Zip</sup> 02857		
Secretary Name			Treasurer Name				
Street Addrass			Street Address				
Сир	State	Zip	CH;	State	Zap		
Director Name  JOSEPH CUOZZO  Street Address  27 PLAZA WAY BOX 11			R ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS  DANIEL CUOZZO  Street Address  27 PLAZA WAY BOX 11				
üy	State	Zip	Gigi	Sarte	Zip		
NORTH SCITUATE Director Name	JRI	02857	NORTH SCITUATE Director Name	***************************************			
Street Address			Street Address				
Тсу	State	Zip	City	State	Zip		
. SHARES AUTHORIZED UTHORIZED SHARES	("X" BOX FOR A	TTTACHMENT)	10. SHARES ISSUED ("X	BOX FOR ATTACE  MUST BE COMPLETED	 MENT)		
umber of Shares	Class/Serves	Par Value	Number of Shares	Class/Series	Par Value		
100 NOPAR VALUE			100	COMMON	NO PAR		
This report must be execute	ed on behalf of the	corporation by an author	orized representative. If the corporation	ration is in the hands	of a receiver or trustee,		

this report must be executed on behalf of the corporation by the receiver or trustee.

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File Date	- 1	Carrier School	è	
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FOR	SECRETAL	(YOF STAT	E USE ONL	Y .

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 corre SEPH CUOZZO Print or Type Name **PRESIDENT**