



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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 2010**

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. <b>506303</b>		2. Name of Corporation <b>MY KOZY KITCHEN INC.</b>		
3. Street Address Principal Business Office <b>39 CROSSLAND RD</b>				
4. Business Phone No. <b>401-828-4562</b>		5. State of Incorporation <b>RI</b>		City <b>W. WARWICK</b>
				State <b>RI</b>
				Zip <b>02893</b>
6. Brief Description of the Character of Business Conducted in Rhode Island <b>CATERING</b>				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <b>RENA LILES</b>			Vice President Name <b>ANDREW LILES</b>	
Street Address <b>39 CROSSLAND RD</b>			Street Address <b>SAME</b>	
City <b>W. WARWICK</b>	State <b>RI</b>	Zip <b>02893</b>	City	State
Secretary Name			Zip	
Street Address			Treasurer Name <b>RENA LILES</b>	
City			Street Address <b>SAME</b>	
State			City	
Zip			State	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name			Director Name	
Street Address			Street Address	
City			City	
State			State	
Zip			Zip	
Director Name			Director Name	
Street Address			Street Address	
City			City	
State			State	
Zip			Zip	
9. SHARES AUTHORIZED <b>1000</b>				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
Number of Shares <b>NONE</b>		Class/Series <b>COMMON</b>		Par Value <b>0</b>
THIS SECTION MUST BE COMPLETED		THIS SECTION MUST BE COMPLETED		THIS SECTION MUST BE COMPLETED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

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.

**FILED**  
File Date **FEB 17 2010**  
Check No. **BY 1045**  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

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.  
Signature **RENA LILES** Date **2/16/10**  
Print or Type Name  
**PRES.**  
Title