



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2015**

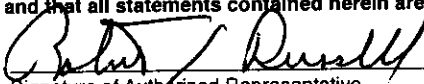
Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>156849</b>		2. Exact name of the Corporation <b>COSMO, INC.</b>				
3. Principal office address <b>P.O. Box 5989</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>		
4. Business Phone No. <b>(401) 351-3463</b>		5. State of Incorporation <b>Rhode Island</b>				
6. Brief description of the character of business conducted in Rhode Island <b>LIQUOR &amp; WINE SALES</b>						
<b>PRESIDENT AND VICE-PRESIDENT INFORMATION</b>						
President Name <b>Robert S. Russell</b>			Vice-President Name <b>Rachel Russell</b>			
Street Address <b>P.O. Box 5989</b>			Street Address <b>P.O. Box 5989</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	
Secretary Name <b>Rachel Russell</b>			Treasurer Name <b>Robert Russell</b>			
Street Address <b>SAME</b>			Street Address <b>SAME</b>			
City	State	Zip	City	State	Zip	
<b>BOARD OF DIRECTORS NAMES AND ADDRESSES (ATTACHMENT)</b>						
Director Name <b>Robert S. Russell</b>			Director Name <b>Rachel Russell</b>			
Street Address <b>SAME</b>			Street Address <b>SAME</b>			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
<b>SHARES AUTHORIZED AND ISSUED (ATTACHMENT)</b>						
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.				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
				2,000	COMMON	NO PAR

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.

  
Signature of Authorized Representative

**2/20/15**  
Date

**Robert S. Russell**

Print or Type Name of Authorized Representative

**FILED**

**FEB 25 2015**

**BY**

**3802**