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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 [redacted] 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.	2. Exact name of the Corporation			
851864	CGZ HOLDING CORP.			
3. Principal office address: 28 DANIEL PLUMMER RD. UNIT 14	City: GOFFSTOWN	State: NH	Zip: 03045	
4. Business Phone No: (603) 606-1590	5. State of Incorporation: NEW HAMPSHIRE			
6. Brief description of the character of business conducted in Rhode Island: CONSTRUCTION & RESTORATION OF RESTAURANTS				

President Name: GEORGE CULOTTA			Vice-President Name: NONE		
Street Address: 28 DANIEL PLUMMER RD. UNIT 14			Street Address: —		
City: GOFFSTOWN	State: NH	Zip: 03045	City:	State:	Zip:
Secretary Name: GEORGE CULOTTA			Treasurer Name: GEORGE CULOTTA		
Street Address: SAME			Street Address: SAME		
City:	State:	Zip:	City:	State:	Zip:
Director Name: GEORGE CULOTTA			Director Name: NONE		
Street Address: SAME			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name: NONE			Director Name: NONE		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

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SECRETARY OF STATE
CORPORATIONS DIV

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
1,000		NONE

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.

[redacted]

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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.

André J. Very 1/7/16
Signature of Authorized Representative — Date

ASSISTANT TREASURER ANDRÉ VERY
Print or Type Name of Authorized Representative

ICM

130894-2-1062345
Form No. 630
Revised: 01/2012