



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 2014

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. 851864		2. Exact name of the Corporation 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 S							
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					
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 1,000	CLASS/SERIES	PAR VALUE NONE		

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 16 JAN 11 AM 11:19

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
 11:20 AM
 JAN 11 2016
 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: Andre D. Veary Date: 1/7/16

By 264931 ASSISTANT TREASURER ANDRE VEARY
 Print or Type Name of Authorized Representative

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