



**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 2016**

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>18A South Angell St.</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02900</b>	
4. Business Phone No. <b>(401) 351-9463</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>OFFICERS, DIRECTORS, AND ADDRESSES (BY BOX FOR ATTACHMENT)</b>					
President Name <b>Robert S. Russell</b>			Vice-President Name <b>Rachel Russell</b>		
Street Address <b>18A South Angell St.</b>			Street Address <b>18A South Angell St.</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02900</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02900</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>ALL DIRECTORS (NAMES AND ADDRESSES) (BY BOX FOR 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>9. SHARES AUTHORIZED</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	
<b>10. SHARES ISSUED (BY BOX FOR ATTACHMENT)</b>					

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.

*Robert S. Russell*  
Signature of Authorized Representative

01/11/26  
Date

**Robert S. Russell**

Print or Type Name of Authorized Representative

**FILED**

FEB 29 2016

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