

STATE OF F. HODE 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 F	ILE THIS REPORT BY	MARCH 31 WILL RE	SULT IN A \$25.00 PE	NAITY FFF
1. Entity ID No. 486688	2. Exact na	MLURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE. 2. Exact name of the Corporation COZY GRILLE, INC.			
Principal office address Warwick Avenue			City Warwick	State RI	Zip 02888
4. Business Phone No. 401-440-0204			5. State of Incorpora	ation	02000
6. Brief description of the one RESTAURANT	character of busines	ss conducted in Rhode Isla	and		
aesi mendirasisi	KAMES AND ADD	BESSES) (FICEBOX EXT		in a summer of the party	
President Name THOMAS PILDERIAN			Vice-Prosident Name LYNNE A. PILDERIAN		
Street Address 128 Woodbury Road			Street Address 55 Pine Ridge Drive		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02921
Secretary Name LYNNE A. PILDERIAN			Treasurer Name		02921
Street Address 55 Pine Ridge Drive			Street Address		
ity Cranston	State RI	Ζ _ί ρ 02921	City	State	Zip
LISTALL DIRECTORS	(MANES AND ADD	FESSE) (X BOX FOR			
irector Name ione			Director Name		
treet Address			Street Address		
ity	State	Zip	City	State	Zip
rector Name			Director Name		
reet Address			Street Address		
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SHARES AUTHORIZED					
			NUMBER OF SHARES	("X" BOX FOR ATTAC	
nis information is currently of record in the Office of the Secretary State. Changes require an additional filing. se Section 9 of instruction sheet.			200 Shares	CLASS/SERIES Common	No Par Value
		Omoration by an authoriz-	d range and the state		
his report must be execute	this report must	t be executed on behalf of	u representative. If the c the corporation by the re	orporation is in the hands ceiver or trustee.	s of a receiver or trustee
ee Date			Under penalty of pe	rjury, I declare and affir g any accompanying so	m that I have examine
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A STATE OF THE STA	, and the state of the state.
Check No FILED	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.
FOR SECRETARY OF STATE USE ONLY	Signature of Authorized Representative Date LYNNE A. PILDERIAN
Form No. 630 RY I I I I I I I I I I	Print or Type Name of Authorized Representative
Revised: 01/2012	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,