



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 486688		2. Exact name of the Corporation COZY GRILLE, INC.			
3. Principal Office Address 440 Warwick Avenue			City Warwick	State RI	Zip 02888
4. NAICS Code 81 - Other Services (except Pul		6. Brief description of the character of business conducted in Rhode Island Restaurant			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name THOMAS PILDERIAN			Vice-President Name LYNNE A. PILDERIAN		
Street Address 180 Eleuthera Point			Street Address 55 Pine Ridge Drive		
City Coconut Creek	State FL	Zip 33066	City Cranston	State RI	Zip 02921
Secretary Name LYNNE A. PILDERIAN			Treasurer Name		
Street Address 55 Pine Ridge Drive			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200 Shares	Common	No Par Value
11. 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.					
Name of Authorized Representative LYNNE A. PILDERIAN				Date 2/15/17	
Signature of Authorized Representative 				<div style="text-align: center;"> FILED FEB 21 2017 BY 2327 DS </div>	
SIGN DOCUMENT HERE					