



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 80775		2. Name of Corporation Cuozzo's Casa De Pizza, Inc.			
3. Street Address Principal Business Office 27 PLAZA WAY			City N SCITUATE	State RI	Zip 02857
4. Business Phone No. 4019343050		5. State of Incorporation RHODE ISLAND			6. SIC Code 3079
7. Brief Description of the Character of Business Conducted in Rhode Island RETAIL SALE OF PIZZA AND SANDWICHES.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS <input type="checkbox"/>					
President Name Joseph Cuozzo			Vice President Name Daniel Cuozzo		
Street Address 27 Plaza Way Box 11			Street Address 27 Plaza Way Box 11		
City No. Scituate	State RI	Zip 02857	City No. Scituate	State RI	Zip 02857
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS <input type="checkbox"/>					
Director Name Joseph Cuozzo			Director Name Daniel Cuozzo		
Street Address same			Street Address same		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	NO PAR VALUE		100	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



8 0 7 7 5

80775 DBC 12/31/03 12:12:38 PM

File Date **FILED**

Check No. **MAR 02 2005** 3201

By: CB

FOR SECRETARY OF STATE USE ONLY

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.

Joseph Cuozzo 3/1/05
Signature of Officer Date
Joseph Cuozzo
Print or Type Name of Officer
President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 80775
2. Name of Corporation Cuozzo's Casa De Pizza, Inc.
3. Street Address Principal Business Office 27 PLAZA WAY
City N SCITUATE State RI Zip 02857
4. Business Phone No. 4019343050
5. State of Incorporation RHODE ISLAND
6. SIC Code 3079
7. Brief Description of the Character of Business Conducted in Rhode Island
RETAIL SALE OF PIZZA AND SANDWICHES.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Joseph Cuozzo	Vice President Name Daniel Cuozzo
Street Address 27 Plaza Way Box 11	Street Address 27 Plaza Way Box 11
City No. Scituate State RI Zip 02857	City No. Scituate State RI Zip 02857
Secretary Name	Treasurer Name

Street Address	Street Address
City State Zip	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Joseph Cuozzo	Director Name Daniel Cuozzo
Street Address same	Street Address same
City State Zip	City State Zip

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
100 NO PAR VALUE		

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
100	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



80775 DBC 12/31/03 12:12:38 PM

File Date 1-16-04

Check No. 2887

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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] 1/15/04
Signature of Officer
Joseph Cuozzo
Print or Type Name of Officer
President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **80775** 2. Name of Corporation **Cuozzo's Casa De Pizza, Inc.**
3. Street Address Principal Business Office **27 PLAZA WAY BOX 11 NO. SCITUATE RI 02857**
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**

7. Brief Description of the Character of Business Conducted in Rhode Island
PIZZA / Sandwiches / take out Delivery

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name JOSEPH CUOZZO	Vice President Name DANIEL CUOZZO
Street Address 27 PLAZA WAY BOX 11 NO. SCITUATE RI 02857	Street Address 27 PLAZA WAY BOX 11 NO. SCITUATE RI 02857
City State Zip	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name JOSEPH CUOZZO	Director Name DANIEL CUOZZO
Street Address SAME	Street Address SAME
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
100 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 0 7 7 5 *

File Date: **5-6-03**
Check No.: **2578**
By: **[Signature]**

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 hereon are true and correct

Signature of Officer: **[Signature]** Date: **Feb 28 03**
Print or Type Name of Officer: **Joseph M Cuozzo**
Title of Officer: **pres.**



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **80775** 2. Name of Corporation **Cuozzo's Casa De Pizza, Inc.**
3. Street Address Principal Business Office **SCITUATE VILLAGE SHOPPING CTR. CITY** State **RI** Zip **02857**
27 PLAZA WAY BOX 11 NORTH SCITUATE
4. Business Phone No. **401-934-3050** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**

7. Brief Description of the Character of Business Conducted in Rhode Island
PIZZA RESTAURANT

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name JOSEPH CUOZZO	Vice President Name DANIEL CUOZZO
Street Address 27 PLAZA WAY BOX 11	Street Address 27 PLAZA WAY BOX 11
City State Zip NORTH SCITUATE RI 02857	City State Zip N. SCITUATE RI 02857
Secretary Name DANIEL CUOZZO	Treasurer Name JOSEPH CUOZZO
Street Address 27 PLAZA WAY BOX 11	Street Address 27 PLAZA WAY BOX 11
City State Zip N. SCITUATE RI 02857	City State Zip N. SCITUATE RI 02857

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name N/A	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

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
100 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 0 7 7 5 *

File Date: 2-19-02
Check No.: 2381
By: [Signature]

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.
X [Signature]
Signature of Officer Date
VICE PRES
Print or Type Name of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **80775** 2. Name of Corporation **Cuozzo's Casa De Pizza, Inc.**
 3. Street Address Principal Business Office **27 PLAZA WAY** City **N. Scituate** State **RI** Zip **02857**
 4. Business Phone No. **934-3050** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**
 7. Brief Description of the Character of Business Conducted in Rhode Island **RESTAURANT**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Joseph Cuozzo	Vice President Name Daniel Cuozzo
Street Address 3 Essex Hopkins Rd	Street Address 60 Montney Dr
City N. Scituate State RI Zip 02857	City West Warwick State RI Zip 02893
Secretary Name N/A	Treasurer Name N/A
Street Address N/A	Street Address N/A
City State Zip 	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Joseph Cuozzo	Director Name Daniel Cuozzo
Street Address 3 Essex Hopkins Rd	Street Address 60 Montney Dr
City N. Scituate State RI Zip 02857	City West Warwick State RI Zip 02893
Director Name N/A	Director Name N/A
Street Address N/A	Street Address N/A
City State Zip 	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
100 SHS	NO	PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100 SHS	NO	PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 0 7 7 5 *

4-20-01

File Date: _____

Check No.: 1850

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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] 4/17/01
Signature of Officer Date

Joseph M Cuozzo
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **80775** 2. Name of Corporation **Cuozzo's Casa De Pizza, Inc.**
3. Street Address Principal Business Office **RTG Box 11 Scituate Dillarge** City **Scituate** State **RI** Zip **02857**
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**

7. Brief Description of the Character of Business Conducted in Rhode Island

Sale of Pizza, prepared food

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Joseph Cuozzo Street Address 3 Isaac Hopkins Rd City Scituate State RI Zip 02857	Vice President Name Daniel Cuozzo Street Address 60 Montrossy Rd City West Warwick State RI Zip 02893
Secretary Name Joseph Cuozzo Street Address 3 Isaac Hopkins Rd City Scituate State RI Zip 02857	Treasurer Name Daniel Cuozzo Street Address 60 Montrossy Rd City West Warwick State RI Zip 02893

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Joseph Cuozzo Street Address 3 Isaac Hopkins Rd City Scituate State RI Zip 02857	Director Name Daniel Cuozzo Street Address 60 Montrossy Rd City West Warwick State RI Zip 02893
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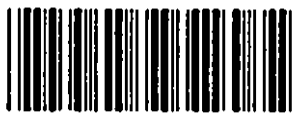
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
100 SHS NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 SHARES NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 3/23/00
Check No.: 1398
By: [Signature]

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] Date 3/21/2000
Signature of Officer
Joseph Cuozzo
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **80775** 2. Name of Corporation **Cuozzo's Casa De Pizza, Inc.**

3. Street Address Principal Business Office **RT 6 Box 11** City **N. Scituate** State **RI** Zip **02857**

4. Business Phone No. **934-3050** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**

7. Brief Description of the Character of Business Conducted in Rhode Island
SALE OF PIZZA AND PREPARED FOODS

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Joseph Cuozzo	Vice President Name Daniel Cuozzo
Street Address 3 Essex Hopkins Rd	Street Address 60 Monterey Dr
City N. Scituate State RI Zip 02857	City W. Warwick State RI Zip 02893
Secretary Name	Treasurer Name
Street Address	Street Address
City	City
State	State
Zip	Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Joseph Cuozzo	Director Name Daniel Cuozzo
Street Address 3 Essex Hopkins Rd	Street Address 60 Monterey Dr
City N. Scituate State RI Zip 02857	City W. Warwick State RI Zip 02893
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
100 SHS NO PAR VALUE	100 SHRS NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 8 0 7 7 5 *

File Date: 5-10-99
Check No.: 1077
By: AMF

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.

Joseph M Cuozzo 5/6/99
Signature of Officer Date

Joseph M Cuozzo
Print or Type Name of Officer

President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **80775** 2. Name of Corporation **Cuozzo's Casa De Pizza, Inc.**

3. Street Address Principal Business Office **ROUTE 6 SCITUADE VILLAGE N. SCITUADE RI 02857**
4. Business Phone No. **434-3040** 5. State of Incorporation **RHODE ISLAND**
6. SIC Code **3079**

7. Brief Description of the Character of Business Conducted in Rhode Island
Sale of pizza + prepared foods

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Joseph Cuozzo	Vice President Name Daniel Cuozzo
Street Address 3 Essek Hopkins Rd	Street Address 60 Montanney Dr
City Scituate RI	City W. Warwick RI
State RI	State RI
Zip 02857	Zip 02890
Secretary Name None	Treasurer Name None
Street Address None	Street Address None
City None	City None
State None	State None
Zip None	Zip None

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name Joseph Cuozzo	Director Name Daniel Cuozzo
Street Address 3 Essek Hopkins Rd	Street Address 60 Montanney Dr
City Scituate RI	City W. Warwick RI
State RI	State RI
Zip 02857	Zip 02890
Director Name None	Director Name None
Street Address None	Street Address None
City None	City None
State None	State None
Zip None	Zip None

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	100 SHS	NO PAR VALUE	

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100 SHS	NO PAR VALUE	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 5-20-98
Check No.: 2195
By: AMF

FOR SECRETARY OF STATE USE ONLY

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.

Joseph M Cuozzo 5/18/98
Signature of Officer Date
X Joseph M Cuozzo
Print or Type Name of Officer
X President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **0080775** 2. Name of Corporation **CUOZZO'S CASA DE PIZZA INC.**
 3. Street Address Principal Business Office **27 VILLAGE PLAZA WAY** City **N. Scituate** State **RI** Zip **02857**
 4. Business Phone No. **934-3046** 5. State of Incorporation **RI** 6. SIC Code **3079**
 7. Brief Description of the Character of Business Conducted in Rhode Island **PIZZA/ITALIAN FOOD**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Joseph M Cuozzo	Vice President Name Daniel Cuozzo
Street Address 3 Essex Hopkins Rd.	Street Address 60 Monterey Dr.
City N. Scituate State RI Zip 02857	City W. Warwick State RI Zip 02893
Secretary Name N/A	Treasurer Name N/A
Street Address	Street Address
City State Zip	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name N/A	Director Name N/A
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	COMMON	NO PAR.	100	COMMON	NO PAR.

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

MAR 3 1997

File Date: 3/3/97 BY [Signature]

Check No.: _____

By: [Signature] 180004

FOR SECRETARY OF STATE USE ONLY

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 Officer: Joseph M Cuozzo Date: 3/3/97
 Title of Officer: President Joseph M Cuozzo
 Title of Officer: President

**PROFIT CORPORATION
ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1 CORPORATE ID NO:
2 NAME OF CORPORATION: **CUOZZO'S CASA DE PIZZA INC.**
3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE: **0080775 / 27 Village Plaza Way N. Scituate RI 02857**
4 BUSINESS PHONE NO: **934-3040** 5 STATE OF INCORPORATION: **RI.** 6 SIC CODE:
7 BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND: **Pizza/Restaurant**

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Joseph M Cuozzo	VICE PRESIDENT NAME Daniel Cuozzo
STREET ADDRESS 3 Essex Hopkins RI	STREET ADDRESS 60 Monterey Dr.
CITY N. Scituate RI.	CITY W. Warwick RI.
STATE RI.	STATE RI.
ZIP CODE 02857	ZIP CODE 02893
SECRETARY NAME N/A	TREASURER NAME N/A
STREET ADDRESS	STREET ADDRESS
CITY	CITY
STATE	STATE
ZIP CODE	ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME N/A	DIRECTOR NAME N/A
STREET ADDRESS	STREET ADDRESS
CITY	CITY
STATE	STATE
ZIP CODE	ZIP CODE
DIRECTOR NAME	DIRECTOR NAME
STREET ADDRESS	STREET ADDRESS
CITY	CITY
STATE	STATE
ZIP CODE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

NUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	ISSUED SHARES CLASS / SERIES	PAR VALUE
100	Common	No par	100	Common	No par

FILED

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date: **3/3/97**

Check No:

By:

For Secretary of State Use Only

Signature of Officer

Print or Type Name of Officer

Title of Officer

Date

FORM 31 12/95



ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0080775 Annual Report for the year: 1995
 Name of Corporation: CUOZZO'S Casa De Pizza, Inc.
 Business entity organized under the laws of the State of: RI Business Entity is (check one):
 For foreign entity, address and telephone number of principal office: Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island.

Phone: ()
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
Cuozzo's
Route 6 Box 11 Scituate Valley Shopping Center
N. Scituate, RI 02857

RETAIL PIZZA RESTAURANT

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>Joseph Cuozzo</u>	<u>3 Essex Highlands Rd</u>	<u>N. Scituate RI</u>	<u>02857</u>
VICE PRESIDENT <u>Daniel Cuozzo</u>	<u>60 Montross</u>	<u>W. Warwick RI</u>	<u>02883</u>
SECRETARY			
TREASURER			

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Joseph Cuozzo</u>	<u>3 Essex Highlands Rd</u>	<u>N. Scituate RI</u>	<u>02857</u>
<u>Daniel Cuozzo</u>	<u>60 Montross</u>	<u>W. Warwick RI</u>	<u>02883</u>

NUMBER OF SHARES AUTHORIZED (Rider may be attached)			NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)		
Number of Shares	Class / Series		Number of Shares	Class / Series	
<u>100</u>	<u>Common</u>	<u>no par</u>	<u>100</u>	<u>Common</u>	<u>No par</u>

Date: 3/1/95 19
 By: Joseph M Cuozzo
 PRINT OR TYPE NAME OF OFFICER SIGNING: Joseph M Cuozzo
 TITLE OF OFFICER SIGNING: President

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

JOSEPH CUOZZO
 SCITUATE VILLAGE SHOPPING CENTER
 27 PLAZA WAY, BOX 11
 NORTH SCITUATE RI 02857

PAID
MAR 17 1995
 SECRETARY OF STATE
 ck. 1188
 (CO)