



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

JAN 27 2021
 BY 195

| | | | | | |
|---|-------------|---|--------------------------------|--------------------|--------------|
| 1. Entity ID Number 001673480 | | 2. Exact name of the Corporation Cottage Market Inc. | | | |
| 3. Principal Office Address 36 New Clark Road | | | City Cumberland | State RI | Zip 02864 |
| 4. NAICS Code <u>55112</u> | | 6. Brief description of the character of business conducted in Rhode Island ON Line Sales | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Mark R Holgate | | | Vice-President Name | | |
| Street Address 36 New Clark Road | | | Street Address | | |
| City Cumberland | State RI | Zip 02864 | City | State | Zip |
| Secretary Name | | | Treasurer Name Mark Holgate | | |
| Street Address | | | Street Address same | | |
| City | State | Zip | 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 <u>1000</u> | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SHARES | PAR VALUE |
| | | none | common | 0 | |
| 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 Mark Holgate | | | | Date 01/22/2021 | |
| Signature of Authorized Representative | | | | | |

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.n.gov