RI SOS Filing Number: 202192115180 Date: 2/17/2021 4:00:00 PM



State of Rhode Island

## Department of State - Business Services Division

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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.							
Entity ID Number	L.	e of the Corporatio	n	AND	• . • .			
80775	Cuozzo's Cas	sa De Pizza, Inc.			-	• •		
3. Principal Office Address			City		State	Zip		
27 Villiage Plaza Way, Box 11			North Scitu	ate	. RI	02857		
4. NAICS Code	Brief description of the character of business conducted in Rhode Island							
722513	Prepare pizza and sandwich foods							
5. State of Incorporation	-							
Rhode Island								
7. List ALL officers (names and ac	ldresses)	···		Check	the box to i	ndicate an attachment		
President Name Joseph Cuozzo		Vice-President Name Daniel Cuozzo						
Street Address 96 Battey Meeting I	Street Addres	Street Address 60 Monterrey Drive						
City North Scituate	State RI	Zip <sub>02857</sub>	City West W	arwick	State RI	Zip 02893		
Secretary Name			Treasurer Na	Treasurer Name				
Street Address			Street Addres	Street Address				
City	State	Zip	City	_	State	Zip		
8. List ALL directors (names and a	ddresses)	<del></del>		· Check	the box to i	ndicate an attachment		
Director Name N/A			Director Nam	Director Name N/A				
Street Address			Street Addres	Street Address				
City	State	Zip	City		State	Zip		
Director Name			Oirector Nami	Oirector Name				
Street Address	Street Address							
City	State	Zip	City		State	Zip		
9. Shares Authorized	<u> </u>	10. Shares Iss						
This information is currently of reco	ord in the	NUMBER OF SHARES		CLASS/SERIES_		PAR VALUE		
·		100		Common		No Par		
Changes require an additional filing	<b>J.</b>							
11. This report must be executed	on behalf of the	corporation by an	authorized repre	sentative. If the corpo	oration is in t	the hands of a receiver or		
trustee, this report must be execut Under penalty of perjury, I decia	ted on behalf of	the corporation by	the receiver or t	rustee.		ahadulaa aad		
statements, and that all stateme	ents contained	herein are true ar	nd correct.	including any accor	npanying s			
Name of Authorized Representative	/e				Date	12 22 1		
Joseph Cuozzo 2/12/20								
Signature of Authorized Represen		Cing.	ges					

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov