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State of Rhode Island

## Department of State - Business Services Division

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FEB 1 7 2021 A.W.F

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00 <sup>)</sup>

→ Penalty: Additional \$2	5.00 fee if form is n	ot filed by April 1.			<u> </u>	<u> </u>			
Entity ID Number	L	2. Exact name of the Corporation							
80775	Cuozzo's Ca	Cuozzo's Casa De Pizza, Inc.							
3. Principal Office Address			City	City		Zip			
27 Villiage Plaza Way, Box 11			North Scitu	h Scituate		02857			
4. NAICS Code	6. Brief desc	ription of the chara	cter of business of	conducted in Rhode	island	<u>I</u>			
722513	Prepare pizz	Prepare pizza and sandwich foods							
5. State of Incorporation									
Rhode Island									
7. List ALL officers (names a	nd addresses)			Check	the box to i	indicate an attachment			
President Name Joseph Cuozzo			Vice-Presiden	Vice-President Name Daniel Cuozzo					
Street Address 96 Battey Meeting House Road			Street Address	Street Address 60 Monterrey Drive					
City North Scituate	State RI	Zip <sub>02857</sub>		City West Warwick		Zip 02893			
Secretary Name			Treasurer Nar	Treasurer Name					
Street Address	at Address			Street Address					
City	State	Zip	City	-	State	Zip			
8. List ALL directors (names	and addresses)	<u></u>		· Chec	k the box to i	indicate an attachment			
Director Name N/A			Director Name	N/A					
Street Address				Street Address					
City	State	Zip	City		State	Zip			
Director Name			Oirector Name						
Street Address			Street Address						
City	State	Zip	City		State	Zip			
9. Shares Authorized		10. Shares Is	sued	Checl	the box to i	indicate an attachment			
	This information is currently of record in the		NUMBER OF SHARES CLASS/SERI		S PAR VALUE				
Department of State.		100	100			No Par			
Changes require an additional	i tiling.								
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  Joseph Cuozzo  Date  2 12 20						12/2021			
Signature of Authorized Rep	resentative M	any	DK S		10-1				
7/0-0	10 111	VVII	1//						

MAIL TO:

**Division of Business Services** 

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

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