State of Rhode Island and Providence Plantations Department of State - Business Services Division
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Annual Report for the year:	2021
Limited Liability Company	
→ Filing period: September 1 - No	vember 1

→ Filing Fee: \$50.00

ightarrow Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 850229		2. Exact name of the Limited Liability Company COZI, LLC					
3. NAICS Code	4. Brief des	Brief description of the character of business conducted in Rhode Island Manage and develop real estate					
531311	Manage a						
5. State of Formation	\neg						
RI							
6. Principal Office Address			City	State	Zip		
231 High Street			Westerly	RI	02891		
7. Mailing Address of Limite	d Liability Compa	any and Name o					
Contact Name Dion Luzzi		Conlact Title Member					
Street Address 231 High Street			City Westerly	State RI	^{Zíp} 02891		
	es and addresse	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS		
Manager Name		Manager Name	Manager Name				
Street Address		Street Address					
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
		······································		Check the box to	indicate an attachment		
9. Resident Agent in Rhode	Island. This inform	nation Is currently	of record with the Department of S	tate. Changes require fili	ng Form 642.		
Under penalty of perjury, statements, and that all st	l declare and afi latements conta	firm that I have Ined herein are	examined this report, includi true and correct.	ng any accompanyli	ng schedules and		
Name of Authorized Person			Date	Date			
Signature of Authorized Per	son	,					
		SIGI	N DOCUMENT HERE				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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