



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

JAN 31 2023  
6340 JZ

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000486688		2. Exact name of the Corporation COZY GRILLE, INC			
3. Principal Office Address 440 Warwick Avenue			City Warwick	State RI	Zip 02888
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island Restaurant			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Thomas Pilderian			Vice-President Name Lynne A. Pilderian		
Street Address 180 Eleuthera Point			Street Address 55 Pine Ridge Drive		
City Coconut Creek	State FL	Zip 33066	City Cranston	State RI	Zip 02921
Secretary Name Lynne A Pilderian			Treasurer Name		
Street Address 55 Pine Ridge Drive			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			200 Shares		Common
			PAR VALUE		No Par Value
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.					
<b>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.</b>					
Name of Authorized Representative Lynne A. Pilderian					Date 1/25/23
Signature of Authorized Representative 					

MAIL TO:  
 Division of Business Services  
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