



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

STAMP

FEB 28 2023

BY 1068
DS

1. Entity ID Number 001745819		2. Exact name of the Corporation Country Creamery, Inc.			
3. Principal Office Address 3 Commerce Street			City Smithfield	State RI	Zip 02828
4. NAICS Code 722515		6. Brief description of the character of business conducted in Rhode Island ice cream parlor			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sariye Demirgioglu			Vice-President Name Binyamen Demirgioglu		
Street Address 3 Commerce Street			Street Address 3 Commerce Street		
City Smithfield	State RI	Zip 02828	City Smithfield	State RI	Zip 02828
Secretary Name Akim Demirgioglu			Treasurer Name Issa Demirgioglu		
Street Address 3 Commerce Street			Street Address 3 Commerce Street		
City Smithfield	State RI	Zip 02828	City Smithfield	State RI	Zip 02828
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 400	CLASS/SERIES 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. 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				Date 2-24-23	
Signature of Authorized Representative → <u>[Signature]</u>					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov