



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 1065  
DS

1. Entity ID Number <b>001745819</b>		2. Exact name of the Corporation <b>Country Creamery, Inc.</b>			
3. Principal Office Address <b>3 Commerce Street</b>			City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02828</b>
4. NAICS Code <b>722515</b>		6. Brief description of the character of business conducted in Rhode Island <b>ice cream parlor</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Sariye Demirgioglu</b>			Vice-President Name <b>Binyamen Demirgioglu</b>		
Street Address <b>3 Commerce Street</b>			Street Address <b>3 Commerce Street</b>		
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02828</b>	City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02828</b>
Secretary Name <b>Akim Demirgioglu</b>			Treasurer Name <b>Issa Demirgioglu</b>		
Street Address <b>3 Commerce Street</b>			Street Address <b>3 Commerce Street</b>		
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02828</b>	City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02828</b>
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	PAR VALUE
			<b>400</b>	<b>common</b>	<b>no par value</b>
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				Date <b>2-24-23</b>	
Signature of Authorized Representative  					

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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 Website: www.sos.ri.gov