



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

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**  
MAR 15 2024  
BY 243  
STAMP  
FOR  
CLERK OF STATE  
PROVIDENCE, RI

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>Kayla Erin Mills</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		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 <b>Issa Demirgioglu</b>					Date
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