

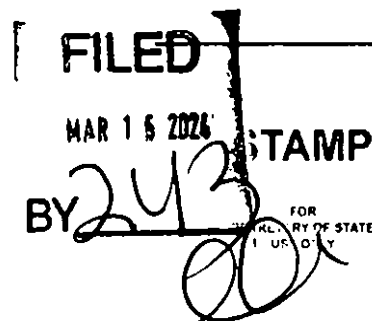


State of Rhode Island
Department of State - Business Services Division

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.



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 Kayla Erin Mills			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 Check the box to indicate an attachment <input type="checkbox"/>					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			400		no par value
			CLASS/SERIES		
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 Issa Demirgioglu					Date
Signature of Authorized Representative					

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov