



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025

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 05 2025  
BY 7483  
RA

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)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Lynne A Pilderian			Vice-President Name Thomas J Pilderian, II		
Street Address 55 Pine Ridge Drive			Street Address 55 Pine Ridge Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Rachael L Pilderian			Treasurer Name Thomas J Pilderian, II		
Street Address 55 Pine Ridge Drive			Street Address 55 Pine Ridge Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
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		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		200 Shares	Common	0.01	
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 Lynne A Pilderian				Date 1/29/2025	
Signature of Authorized Representative 					

MAIL TO:  
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