



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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2025 AUG -4 P 12:42

1. Entity ID Number 000522918		2. Exact name of the Corporation COOL CORNER CREAMERY, INCORPORATED			
3. Principal Office Address 33 PATTON RD		City WOONSOCKET		State RI	Zip 02895
4. NAICS Code 722515		6. Brief description of the character of business conducted in Rhode Island Ice Cream Shop			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Eleni Michalopoulos			Vice-President Name Nikos Michalopoulos		
Street Address 33 Patton Rd			Street Address 33 Patton Rd		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Secretary Name Nikos Michalopoulos			Treasurer Name Eleni Michalopoulos		
Street Address 33 Patton Rd			Street Address 33 Patton Rd		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
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 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	C. ASS/SERIES	PAR VALUE	
		100	Common	No Par	
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 John J. Lampiris, CPA (also Power of Attorney)				Date 08/01/2025	
Signature of Authorized Representative 				FILED	

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

AUG 4 2025
BY 99 NF3
ALJ 12:48