

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

RECEIVED : DEPT. OF STATE BUS SVCS DIV

→ Penalty: Additional \$25.00 f	ee if form is no	t filed by May 31.				·	
Entity ID Number	2. Exact name of the Corporation 2025 \$116 -U P i2: 42						
000522918	2. Exact name of the Corporation COOL CORNER CREAMERY, INCORPORATED						
3. Principal Office Address			City		State	Zip	
33 PATTON RD			MOON	NSOCKET	RI	02895	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
722515	Ice Cream Shop						
5. State of Incorporation	1						
RI							
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
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 Woo	onsocket	State R	I Z _{IP} 02895	
Secretary Name Nikos Michalopoulos				Treasurer Name Eleni Michalopoulos			
Street Address 33 Patton Rd			Street Address 33 Patton Rd				
City Woonsocket	State RI	^{Z_{ip}} 02895	City Woonsocket		State RI	^Z io 02895	
8. List ALL directors (names and ad	ddresses)	· · · · · · · · · · · · · · · · · · ·		Check th	e box to indicat	te an attachment 🔲	
Director Name	-		Director Na	ame			
Street Address			Street Address				
City	State	Zıp	City		State	Zıp	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zıp	City		State	Zıp	
9. Shares Authorized	<u>.L</u>	10. Shares Issu	ied	Check th	<u> </u>	ite an attachment 🔲	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF			SS/SERIES PAR VALUE		
		100		Common	N	No Par	
dd. This areas areas has a reason as						the bands of a se	
11. This report must be executed o					orporation is in	the hands of a re-	
ceiver 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					Date		
John J. Lampiris, CPA (also Power of Attorney)					08/01/2025		
Signature of Authorized Representative AUG 4 2025							
MANY TO:							

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov