RI SOS Filing Number: 202577425510 Date: 8/4/2025 12:45:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

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BUS SVCS DIV
2025 AUG -4 P 12:42

1. Entity ID Number	2. Exact name of the Corporation		
000522918	COOL CORNER CREAMERY, INCORPORATED		
3. Principal Office Address	City	State	Zip
33 PATTON RD	WOONSOCKET	RI	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 ☐

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 ☐

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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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	Date
John J. Lampiris, CPA (also Power of Attorney) FILED	08/01/2025
Signature of Authorized Representative: [signature] AUG 4 2025	

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

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FORM 630- Revised: 12/2023