

1.) CORPORATION NAME:

COZZINI BROS., INC.

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1886292**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 350 HOWARD AVENUE

CITY/ST/ZIP: DES PLAINES, IL 60018

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	EDWARD FINNEGAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	350 HOWARD AVE.		
CITY/ST/ZIP/CO:	DES PLAINES, IL 60018		
NAME:	JOSEPH BUVEL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	350 HOWARD AVE.		
CITY/ST/ZIP/CO:	DES PLAINES, IL 60018		
NAME:	OSCAR COZZINI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	350 HOWARD AVE.		
CITY/ST/ZIP/CO:	DES PLAINES, IL 60018		
NAME:	EDWARD FINNEGAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	350 HOWARD AVE.		
CITY/ST/ZIP/CO:	DES PLAINES, IL 60018		
NAME:	EDWARD FINNEGAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	350 HOWARD AVE.		
CITY/ST/ZIP/CO:	DES PLAINES, IL 60618		
NAME:	EDWARD FINNEGAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	350 HOWARD AVE.		
CITY/ST/ZIP/CO:	DES PLAINES, IL 60018		

NAME: JOSEPH BUVEL TITLE: SECRETARY ADDRESS: 350 HOWARD AVE. CITY/ST/ZIP/CO: DES PLAINES, IL 60018	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: JOSEPH BUVEL TITLE: TREASURER ADDRESS: 350 HOWARD AVE. CITY/ST/ZIP/CO: DES PLAINES, IL 60018	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ EDWARD FINNEGAN	EDWARD FINNEGAN, PRESIDENT	12/19/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.