



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 001658300		2. Exact name of the Corporation KOST USA, INC.			
3. Principal office address 1000 TENNESSEE AVENUE			City CINCINNATI	State OHIO	Zip 45229
4. Business Phone No. 513-492-5548			5. State of Incorporation OHIO		
6. Brief description of the character of business conducted in Rhode Island DISTRIBUTION OF CHEMICALS AND COOLANTS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name THOMAS J. OVERDECK			Vice-President Name		
Street Address 1000 TENNESSEE AVENUE			Street Address		
City CINCINNATI	State OH	Zip 45229	City	State	Zip
Secretary Name KIM WEBSTER			Treasurer Name		
Street Address 1000 TENNESSEE AVENUE			Street Address		
City CINCINNATI	State OH	Zip 45229	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name THOMAS J. OVERDECK			Director Name NANCY OVERDECK		
Street Address 1000 TENNESSEE AVENUE			Street Address 1000 TENNESSEE AVENUE		
City CINCINNATI	State OH	Zip 45229	City CINCINNATI	State OH	Zip 45229
Director Name STEVE OVERDECK			Director Name		
Street Address 1000 TENNESSEE AVENUE			Street Address		
City CINCINNATI	State OH	Zip 45229	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NO PAR

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Kim Webster 3/7/16
 Signature of Authorized Representative Date

KIM WEBSTER
 Print or Type Name of Authorized Representative

FILED
MAR 17 2016
BY KL 43977