



State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

Annual Report for the year: 2019
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
 JAN 11 2019
 BY 26941
DA

1. Entity ID Number 1663513		2. Exact name of the Corporation KOMP INC	
3. Principal Office Address 54 Franca Dr.		City BRISTOL	State RI
		Zip 02809	
4. NAICS Code 453310	6. Brief description of the character of business conducted in Rhode Island Consignment store		
5. State of Incorporation RI.			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Kevin Centazzo		Vice-President Name Melanie Centazzo	
Street Address 54 Franca Dr.		Street Address 54 Franca Dr.	
City BRISTOL	State RI	City BRISTOL	State RI
Zip 02809		Zip 02809	
Secretary Name Kevin Centazzo		Treasurer Name Melanie Centazzo	
Street Address Same		Street Address Same	
City Same	State RI	City Same	State RI
Zip 02809		Zip 02809	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Kevin Centazzo		Director Name Melanie Centazzo	
Street Address Same		Street Address Same	
City Same	State RI	City Same	State RI
Zip 02809		Zip 02809	
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES 1,000	CLASS/SERIES CNP
Changes require an additional filing.		PAR VALUE \$0.00	
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 Melanie Centazzo		Date 1.8.19	
Signature of Authorized Representative SIGN DOCUMENT HERE			