



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.

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2020 JUL -2 AM 11:59

1. Entity ID Number <b>798278</b>		2. Exact name of the Corporation <b>CONSOVA CORPORATION</b>	
3. Principal Office Address <b>143 UNION BLVD STE 800</b>		City <b>LAKEWOOD</b>	State <b>CO</b>
		Zip <b>80228</b>	
4. NAICS Code <b>541611</b>	6. Brief description of the character of business conducted in Rhode Island <b>NO BUSINESS IS CONDUCTED IN RHODE ISLAND. CONSOVA CORPORATION ONLY HAS AN EMPLOYEE THAT RESIDES IN RHODE ISLAND.</b>		
5. State of Incorporation <b>DELAWARE</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>VINODGOPAL RAMAYAH</b>		Vice-President Name <b>DANIEL COOPER</b>	
Street Address <b>143 UNION BLVD STE 800</b>		Street Address <b>143 UNION BLVD STE 800</b>	
City <b>LAKEWOOD</b>	State <b>CO</b>	City <b>LAKEWOOD</b>	State <b>CO</b>
Zip <b>80228</b>		Zip <b>80228</b>	
Secretary Name		Treasurer Name <b>THIDA CHOUNLAMOUNTRY</b>	
Street Address		Street Address <b>143 UNION BLVD STE 800</b>	
City	State	City <b>LAKEWOOD</b>	State <b>CO</b>
Zip <b>80228</b>		Zip <b>80228</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>RON KUBIT</b>		Director Name <b>JOHN TARRANT</b>	
Street Address <b>143 UNION BLVD STE 800</b>		Street Address <b>143 UNION BLVD STE 800</b>	
City <b>LAKEWOOD</b>	State <b>CO</b>	City <b>LAKEWOOD</b>	State <b>CO</b>
Zip <b>80228</b>		Zip <b>80228</b>	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<b>175,000.00</b>	<b>0.0001</b>
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 <b>THIDA CHOUNLAMOUNTRY</b>			Date <b>6-15-2020</b>
Signature of Authorized Representative 			

FILED

## MAIL TO:

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

JUL 2 2020  
BY CS57B  
12:00