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

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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.

1. Entity ID Number	2. Exact name of the Corporation		
798278	Consova Corporation		
3. Principal Office Address	City	State	Zip
143 UNION BLVD STE 800	LAKEWOOD	CO	80228
4. NAICS Code: 541611	6. Brief description of the character of business conducted in Rhode Island: NO BUSINESS IS CONDUCTED IN RHODE ISLAND. CONSOVA CORPORATION ONLY HAS AN EMPLOYEE THAT RESIDES IN RHODE ISLAND.		
5. State of Incorporation: DELAWARE			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
VINOGOPAL RAMAYAH	DANIEL COOPER
Street Address: 143 UNION BLVD STE 800	Street Address: 143 UNION BLVD STE 800
City: LAKEWOOD; State: CO; Zip: 80228	City: LAKEWOOD; State: CO; Zip: 80228
Secretary Name:	Treasurer Name: THIDA CHOUNLAMOUNTRY
Street Address:	Street Address: 143 UNION BLVD STE 800
City: ; State: ; Zip:	City: LAKEWOOD; State: CO; Zip: 80228

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
RON KUBIT	JOHN TARRANT
Street Address: 143 UNION BLVD STE 800	Street Address: 143 UNION BLVD STE 800
City: LAKEWOOD; State: CO; Zip: 80228	City: LAKEWOOD; State: CO; Zip: 80228
Director Name:	Director Name:
Street Address:	Street Address:
City: ; State: ; Zip:	City: ; State: ; Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
125,000,00		0.0001

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
THIDA CHOUN LAMOUNTRY	6-15-2020

Signature of Authorized Representative: Thida Chounlamountry

FILED
JUL X 2 2020
BY CSS7B
12:00

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

FORM 630 - Revised: 10/2017