



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

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

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

S

1. Entity ID Number 001339158		2. Exact name of the Corporation KOCHER SCHIRRA GOHARIZI CONSULTING ENGINEERS, INC.			
3. Principal Office Address 111 N. JACKSON STREET, SUITE 121			City GLENDALE	State CA	Zip 91206-4371
4. NAICS Code 541330		6. Brief description of the character of business conducted in Rhode Island PROFESSIONAL ELECTRICAL ENGINEERING DESIGN AND STUDY SERVICES			
5. State of Incorporation CA					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name MANOUCHER GOHARIZI			Vice-President Name SOHRAB JALILI		
Street Address 111 N. JACKSON STREET, SUITE 121			Street Address 111 N. JACKSON STREET, SUITE 121		
City GLENDALE	State CA	Zip 91206-4371	City GLENDALE	State CA	Zip 91206-4371
Secretary Name AARON WICKS			Vice-President Name RAZMIK MATHEVOSIAN		
Street Address 111 N. JACKSON STREET, SUITE 121			Street Address 111 N. JACKSON STREET, SUITE 121		
City GLENDALE	State CA	Zip 91206-4371	City GLENDALE	State CA	Zip 91206-4371
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name MANOUCHER GOHARIZI			Director Name AARON WICKS		
Street Address 111 N. JACKSON STREET, SUITE 121			Street Address 111 N. JACKSON STREET, SUITE 121		
City GLENDALE	State CA	Zip 91206-4371	City GLENDALE	State CA	Zip 91206-4371
Director Name SOHRAB JALILI			Director Name		
Street Address 111 N. JACKSON STREET, SUITE 121			Street Address		
City GLENDALE	State CA	Zip 91206-4371	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		20,930	COMMON	\$150.00	
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 SOHRAB JALILI					Date 7/13/2021
Signature of Authorized Representative 					

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

FILED C
 JUL 30 2021
 BY Ch YSEDE
 10:43