



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
 Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 DEC 21 PM 2:56

1. Entity ID Number <u>506367</u>		2. Exact name of the Corporation <u>Kossipis INC</u>			
3. Principal Office Address <u>579 atWells ave</u>		City <u>providence</u>		State <u>R.I</u>	Zip <u>02909</u>
4. NAICS Code <u>722513</u>		6. Brief description of the character of business conducted in Rhode Island <u>pizza</u>			
5. State of Incorporation <u>R.I</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>charbel Kossipis</u>		Vice-President Name			
Street Address <u>70 burlingame Rd</u>		Street Address			
City <u>Cranston</u>	State <u>R.I</u>	Zip <u>02921</u>	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<u>100</u>	<u>Common</u>	<u>no par</u>	
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 <u>Charbel Kossipis</u>				Date <u>12-21-21</u>	
Signature of Authorized Representative 					

FILED

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RV 2813 A.A.