State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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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BUS SVCS DIV
2023 DEC -8 P 2:30

1. Entity ID Number	2. Exact name of the Corporation		
000174-9312	Codrai, Inc.		
3. Principal Office Address: 43 Oak Hill Dr	City: Johnston	State: RI	Zip: 02919
4. NAICS Code: 541512	6. Brief description of the character of business conducted in Rhode Island: Technology Information Services		
5. State of Incorporation: DE			

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

President Name: Changappa Kodendera			Vice-President Name: Changappa Kodendera		
Street Address: 43 Oak Hill Dr			Street Address: 43 Oak Hill Dr		
City: Johnston	State: RI	Zip: 02919	City: Johnston	State: RI	Zip: 02919
Secretary Name: Changappa Kodendera			Treasurer Name: Changappa Kodendera		
Street Address: 43 Oak Hill Dr			Street Address: 43 Oak Hill Dr		
City: Johnston	State: RI	Zip:	City: Johnston	State: RI	Zip: 02919

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

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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	1000	Common	1

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
Changappa Kodendera	12/8/2023

Signature of Authorized Representative: Changappa Kodendera

FILED
DEC 08 2023
BY ML STK25
2:32

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 04/2023