



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

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.

2023 DEC -8 P 2:30

1. Entity ID Number -1749-312		2. Exact name of the Corporation 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	City Johnston	State RI									
Zip 02919		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	City Johnston	State RI									
Zip 02919		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	City	State									
Zip		Zip										
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		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 ☐										
		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/STES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>Common</td> <td>1.0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/STES	PAR VALUE	1000	Common	1.0			
NUMBER OF SHARES	CLASS/STES	PAR VALUE										
1000	Common	1.0										
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 Changappa Kodendera		Date 10/27/2023										
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

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BY ML STK25
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FORM 630- Revised: 04/2023