



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.

MAY 01 2024

8207

1. Entity ID Number 000033183		2. Exact name of the Corporation KODOS CO., INC.			
3. Principal Office Address 1909 MINERAL SPRING AVENUE			City NORTH PROVIDENCE	State RI	Zip 02904
4. NAICS Code 236110		6. Brief description of the character of business conducted in Rhode Island JEWELRY SALES AND REPAIRS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name MASSOUD KODOS			Vice-President Name JANDARK KODOS		
Street Address 85 MINK ROAD			Street Address 85 MINK ROAD		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
Secretary Name JANDARK KODOS			Treasurer Name MASSOUD KODOS		
Street Address 85 MINK ROAD			Street Address 85 MINK ROAD		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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					
This information is currently of record in the Department of State.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	COMMON	NO PAR VALUE
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 JANDARK KODOS				Date X 4-30-24	
Signature of Authorized Representative <i>Jandark Kodos</i>					

MAIL TO:  
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