



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation _____

MAY 01 2024 *su*
8207

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

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) Check the box to indicate an attachment <input type="checkbox"/>					
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) 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
			1000		COMMON
					PAR VALUE
					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:
Division of Business Services
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Website: www.sos.ri.gov