



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Corporation

2024 Amended

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

REC'D RIDOS BSD
24 JUN 11 PM 1:45:07

1. Entity ID Number 001765188			2. Exact name of the Corporation KRAZE INNOVATIONS CORP.		
3. Principal Office Address 350 WOOD AVE			City WOONSOCKET	State RI	Zip 02895
4. NAICS Code 561720		6. Brief description of the character of business conducted in Rhode Island JANITORIAL SERVICES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ALVIN NGABIA			Vice-President Name MICHAEL KARIYEI		
Street Address 350 WOOD AVE			Street Address 422 SMITHFIELD AVE		
City WOONSOCKET	State RI	Zip 02895	City PAWTUCKET	State RI	Zip 02860
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		
			10	STK	0.0100
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 ALVIN NGABIA				FILED	Date 06/11/2024
Signature of Authorized Representative 				JUN 11 2024 BY	



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

June 11, 2024 01:45 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

Gregg M. Amore
Secretary of State

