



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024 Amended
Corporation

- 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 RHODES BSD
24 JUN 11 PM 1:45:07

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

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY PS