



State of Rhode Island
Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV
2025 JAN -8 PM 1:36

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.

1. Entity ID Number 001664689		2. Exact name of the Corporation HELENS FOOD SERVICE, INC			
3. Principal Office Address 53 SKUNK HILL ROAD		City HOPE VALLEY	State RI	Zip 02832	
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island FOOD TRUCK - ICE CREAM SALES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name VINCENT KOCZEKODAN			Vice-President Name VINCENT KOCZEKODAN		
Street Address 53 SKUNK HILL ROAD			Street Address 53 SKUNK HILL ROAD		
City HOPE VALLEY	State RI	Zip 02832	City HOPE VALLEY	State RI	Zip 02832
Secretary Name L			Treasurer Name L		
Street Address L			Street Address L		
City L	State L	Zip L	City L	State L	Zip L
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name VINCENT KOCZEKODAN			Director Name		
Street Address 53 SKUNK HILL ROAD			Street Address		
City HOPE VALLEY	State RI	Zip 02832	City	State	Zip
Director Name L			Director Name		
Street Address L			Street Address		
City L	State L	Zip L	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		PAR VALUE
			100	COMMON	NO PAR
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 Vincent Koczekodan				Date 12/31/24	
Signature of Authorized Representative Vincent Koczekodan					

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 1:42
JAN 08 2025
BY T-4VB