



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2025 JAN -8 PM 1:35

1. Entity ID Number <u>001664689</u>		2. Exact name of the Corporation <u>HELENS FOOD SERVICE, INC</u>	
3. Principal Office Address <u>53 SKUNK HILL ROAD</u>		City <u>HOPE VALLEY</u>	State <u>RI</u>
		Zip <u>02832</u>	
4. NAICS Code <u>722513</u>	6. Brief description of the character of business conducted in Rhode Island <u>FOOD TRUCK - ICE CREAM SALES</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>VINCENT KOCZKODAN</u>		Vice-President Name <u>VINCENT KOCZKODAN</u>	
Street Address <u>53 SKUNK HILL ROAD</u>		Street Address <u>53 SKUNK HILL ROAD</u>	
City <u>HOPE VALLEY</u>	State <u>RI</u>	City <u>HOPE VALLEY</u>	State <u>RI</u>
Zip <u>02832</u>		Zip <u>02832</u>	
Secretary Name <u>[Signature]</u>		Treasurer Name <u>[Signature]</u>	
Street Address <u>[Signature]</u>		Street Address <u>[Signature]</u>	
City <u>[Signature]</u>	State <u>[Signature]</u>	City <u>[Signature]</u>	State <u>[Signature]</u>
Zip <u>[Signature]</u>		Zip <u>[Signature]</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name <u>VINCENT KOCZKODAN</u>		Director Name <u>[Signature]</u>	
Street Address <u>53 SKUNK HILL ROAD</u>		Street Address <u>[Signature]</u>	
City <u>HOPE VALLEY</u>	State <u>RI</u>	City <u>[Signature]</u>	State <u>[Signature]</u>
Zip <u>02832</u>		Zip <u>[Signature]</u>	
Director Name <u>[Signature]</u>		Director Name <u>[Signature]</u>	
Street Address <u>[Signature]</u>		Street Address <u>[Signature]</u>	
City <u>[Signature]</u>	State <u>[Signature]</u>	City <u>[Signature]</u>	State <u>[Signature]</u>
Zip <u>[Signature]</u>		Zip <u>[Signature]</u>	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐	
		NUMBER OF SHARES <u>100</u>	CLASS/SERIES <u>Common</u>
			PAR VALUE <u>NO PAR</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>VINCENT KOCZKODAN</u>		Date <u>12/30/24</u>	
Signature of Authorized Representative <u>Vincent Koczodan</u>			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 227-3040
Website: www.sos.ri.gov

FILED 1:41

FORM 630- Revised: 12/2023

JAN 08 2025

BY TQ 4VB

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