



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2025
Corporation

JAN 29 2025
BY 30373

- 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 001663513		2. Exact name of the Corporation KOMP Incorporated	
3. Principal Office Address 54 Franca Dr.		City Bristol	State RI
		Zip 02809	
4. NAICS Code 453310	6. Brief description of the character of business conducted in Rhode Island CONSIGNMENT SHOP		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Kevin Centazzo		Vice-President Name Melanie Centazzo	
Street Address 54 Franca Dr.		Street Address 54 Franca Dr.	
City Bristol	State RI	City Bristol	State RI
Zip 02809		Zip 02809	
Secretary Name Melanie Centazzo		Treasurer Name Melanie Centazzo	
Street Address SAME		Street Address SAME	
City SAME	State SAME	City SAME	State SAME
Zip SAME		Zip SAME	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name NONE		Director Name NONE	
Street Address NONE		Street Address NONE	
City NONE	State NONE	City NONE	State NONE
Zip NONE		Zip NONE	
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
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 1,000.-		CLASS/SERIES CNP.	PAR VALUE \$0.-
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 Melanie Centazzo			Date 1.24.25
Signature of Authorized Representative <i>Melanie Centazzo</i>			

MAIL TO:
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