



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2025**

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 RI SOS BSD
FEB 3 PM 2:03:31

1. Entity ID Number 001074795		2. Exact name of the Corporation Kustom US, Inc.			
3. Principal Office Address 640 East State Rd 434, Suite 100			City Longwood	State FL	Zip 32750
4. NAICS Code 236220		6. Brief description of the character of business conducted in Rhode Island Provide unparalleled general contracting and emergency restoration services to commercial industrial and residential clients			
5. State of Incorporation OH					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Kevin Sheppard			Vice-President Name		
Street Address 640 East State Road 434			Street Address		
City Longwood	State FL	Zip 32750	City	State	Zip
Secretary Name			Treasurer Name Leo Koo		
Street Address			Street Address 640 East State Rd 434, Suite 1000		
City	State	Zip	City Longwood	State FL	Zip 32750
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Andrew L. Zavodney			Director Name		
Street Address 640 East State Road 434			Street Address		
City Longwood	State FL	Zip 32750	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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
Changes require an additional filing.		28,276		Common	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. <i>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.</i>					
Name of Authorized Representative Andrew L. Zavodney, Jr				Date 1/28/2025	
Signature of Authorized Representative 				FILED FEB 3 2025 BY GMB822.05	

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