

REC'D RI SOS BSD
25 FEB 2025 2:03:22State of Rhode Island
Department of State - Business Services Division

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 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	
Secretary Name		Treasurer Name Leo Koo	
Street Address		Street Address 640 East State Rd 434, Suite 1000	
City	State	Zip	
		Longwood	FL 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	
Director Name		Director Name	
Street Address		Street Address	
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	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		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.			
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. FILED			
Name of Authorized Representative Andrew L. Zavodney, Jr			Date 1/28/2025
Signature of Authorized Representative 			FEB 3 2025 GMBK 2:04

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