



**State of Rhode Island
Office of the Secretary of State**

Fee: \$310.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Corporation

Application for Certificate of Authority

(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the corporation is Kast Distributors, Inc.

SECTION II

It is incorporated under the laws of State: NJ Country: USA

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing

SECTION III

The name, if different, which it elects to use in Rhode Island:

(a) *If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island OR*

(b) *if the corporation proposes to qualify and transact business under a different name, list that name:*

Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application

SECTION IV

The date of its incorporation is 11/24/2001

and the period of its duration is ☒ Perpetual ☐

SECTION V

The location of its principal office is

No. and Street: 424 HARDING HIGHWAY

City or Town: PENNS GROVE

State: NJ

Zip: 08069

Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 700 NARRAGANSETT PARK DR

STE 100

City or Town: PAWTUCKET

State: RI

Zip: 02861

and the name of its proposed registered agent in Rhode Island at that address is REGISTERED AGENTS INC

SECTION VII

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

WHOLESALE FOOD SALES TO RHODE ISLAND RESTAURANTS

SECTION VIII

(a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	ALEXIA ROUSTOPOULOS	205 DOMINICS CT. WOOLWICH TWP, NJ 08085 USA
TREASURER	ALEXIA ROUSTOPOULOS	205 DOMINICS CT. WOOLWICH TWP, NJ 08085 USA
SECRETARY	SPIROS KAROLIDIS	114 RED BANK CT. WOODURY, NJ 08096 USA
SECRETARY	SPIROS KAROLIDIS	114 RED BANK CT. WOODURY, NJ 08096 USA
CEO	GUS VOURNAVAKIS	240 WILSHIRE BLVD. WOOLWICH TWP, NJ 08085 USA
CEO	GUS VOURNAVAKIS	240 WILSHIRE BLVD. WOOLWICH TWP, NJ 08085 USA
VICE PRESIDENT	ILIAS STAMATIADIS	15 REESE DR. NEWARK, DE 19711 USA
VP	APOSTOLOS KALAITZOGLOU	102 RIVERSIDE DR. ELKTON, MD 21921 USA
CONTROLLER	YIANNI VOURNAVAKIS	691 SHIELDS AVE. WEST DEPTFORD, NJ 08096 USA
VICE PRESIDENT	ILIAS STAMATIADIS	15 REESE DR. NEWARK, DE 19711 USA
VP	APOSTOLOS KALAITZOGLOU	102 RIVERSIDE DR. ELKTON, MD 21921 USA
CONTROLLER	YIANNI VOURNAVAKIS	691 SHIELDS AVE. WEST DEPTFORD, NJ 08096 USA

(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	ALEXIA ROUSTOPOULOS	205 DOMINICS CT. WOOLWICH TWP, NJ 08085 USA
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SECTION IX

The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Num of Shares</i>	
CNP			\$0.0000	1,000.00

Signed this 26 Day of March, 2025 at 11:24:34 AM by the officers(s). *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.*

By YIANNI VOURNAVAKIS
Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

KAST DISTRIBUTORS, INC.
0100865257

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on November 21, 2001.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2024

I further certify that the registered agent and office are:

*ADAM TELSEY, ESQ.
95 MARKET STREET
SALEM, NJ 08079*



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
25th day of March, 2025*

A handwritten signature in black ink, appearing to read "Elizabeth Maher Muoio".

*Elizabeth Maher Muoio
State Treasurer*

Certificate Number : 6162970612

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp