	State of Rhode	Island	Fee: \$50.00					
	Office of the Secretary of State							
	Division Of Business Services 148 W. River Street							
	Providence RI 029							
1636	1636 (401) 222-3040							
Foreign Business Corpor	ation							
Annual Report Filing Period: February 1 - Ma	y 1							
In accordance with R.I.G.L. 7-			,					
	file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.							
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025								
1. Corporate ID No. 0017	759233							
2. Name of Corporation Ko	elis Inc.							
3. Street Address Principal	Business Office:							
No. and Street: 112 VI	LLAGE BLVD							
City or Town: PRINC	CETON State:	<u>NJ</u> Zip: <u>08540</u>	Country: <u>USA</u>					
4. Business Phone No.								
5. State of Incorporation								
State: <u>DE</u>								
NAICS CODE								
-	de that best describes the prin ere. More information on <u>NAI(</u>	•						
<u>423450</u>								
6. Brief Description of the Character of Business Conducted in Rhode Island								
TO MANUFACTURE MEDICAL DEVICES								
	TO MANUFACTURE MEDICAL DEVICES. 7. Names and Addresses of the Officers and Directors:							
All officers and directors must be listed.								
Title	Individual Name First, Middle, Last, Suffix		Iress State, Zip Code, Country					

PRESIDENT	ANTOINE LEROY	112 VILLAGE BLVD PRINCETON, NJ 08540 USA
TREASURER	ANTOINE LEROY	112 VILLAGE BLVD PRINCETON, NJ 08540 USA
SECRETARY	ANTOINE LEROY	112 VILLAGE BLVD PRINCETON, NJ 08540 USA
DIRECTOR	ANTOINE LEROY	112 VILLAGE BLVD PRINCETON, NJ 08540 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>
CWP		\$0.0100	3,000.00	1000

9. 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.

Signed this 19 Day of May, 2025 at 12:05:18 AM. *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 § 7-1.2.*

By ANTOINE LEROY

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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