



**STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS**  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River St., Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to 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.

1. Corporate ID No. 35594  
2. Name of Corporation KIMCO SALES INC.  
3. Street Address Principal Business Office 1481 Wampanoag Trail, Suite 6  
City EAST PROVIDENCE State RI Zip 02915  
4. Business Phone No. 4014341117  
5. State of Incorporation RHODE ISLAND  
6. Brief Description of the Character of Business Conducted in Rhode Island  
GENERAL AGENCY BUSINESS

**7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Kimberly Schiano			Vice President Name		
Street Address 128 Forestwood Drive			Street Address		
City	State	Zip	City	State	Zip
North Providence	RI	02904			
Secretary Name Kimberly Schiano			Treasurer Name Kimberly Schiano		
Street Address 128 Forestwood Drive			Street Address 128 Forestwood Drive		
City	State	Zip	City	State	Zip
North Providence	RI	02904	North Providence	RI	02904

**8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Conrad Catalano			Director Name Anne Catalano		
Street Address 51 Wedgewood Drive			Street Address 51 Wedgewood Drive		
City	State	Zip	City	State	Zip
Seekonk	MA	02771	Seekonk	MA	02771
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

**9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)**

Number of Shares	Class/Series	Par Value
5,000	COMM NO PAR VALUE	

**10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
100	Common	No Par Value

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.



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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.

Signature: Kimberly A. Schiano Date: 2-2-09  
Print or Type Name: Kimberly A. Schiano  
Title: President

**FILED**  
File Date: FEB 20 2009  
Check No. 45210  
By: 45210  
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