



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 North Providence	City
State RI	State
Zip 02904	Zip
Secretary Name Kimberly Schiano	Treasurer Name Kimberly Schiano
Street Address 128 Forestwood Drive	Street Address 128 Forestwood Drive
City North Providence	City North Providence
State RI	State RI
Zip 02904	Zip 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 Seekonk	City Seekonk
State MA	State MA
Zip 02771	Zip 02771
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
5,000 COMM NO 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.

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

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