



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
 Corporation

STAMP
 FOR
 PROVISIONAL STATE
 REGISTRY

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 15951		2. Exact name of the Corporation Kiwi Industries, Inc			
3. Principal Office Address 7 Almy Ct			City Newport	State RI	Zip 02840
4. NAICS Code 53	6. Brief description of the character of business conducted in Rhode Island Renting + Leasing Property				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jane Berriman			Vice-President Name R Bruce Berriman		
Street Address 7 Almy Ct			Street Address 7 Almy Ct		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name R Bruce Berriman			Treasurer Name Jane Berriman		
Street Address 7 Almy Ct			Street Address 7 Almy Ct		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		0		0	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.					
Name of Authorized Representative Jane Berriman					Date 2/17/17
Signature of Authorized Representative					

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

FILED
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