



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

1. Entity ID Number 35594		2. Exact name of the Corporation KIMCO SALES, INC.			
3. Principal Office Address 1481 Wampanoag Trail, Suite 6			City East Providence	State RI	Zip 02915
4. NAICS Code 81111		6. Brief description of the character of business conducted in Rhode Island General agency business.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kimberly Schiano			Vice-President Name		
Street Address 61 Donald Lewis Drive			Street Address		
City Seekonk	State MA	Zip 02771	City	State	Zip
Secretary Name Kimberly Schiano			Treasurer Name Kimberly Schiano		
Street Address 61 Donald Lewis Drive			Street Address 61 Donald Lewis Drive		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kimberly Schiano			Director Name		
Street Address 61 Donald Lewis Drive			Street Address		
City Seekonk	State MA	Zip 02771	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100 Common No Par Value		
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 Kimberly Schiano					Date 2-21-18
Signature of Authorized Representative <i>Kimberly Schiano</i>					SIGN DOCUMENT HERE FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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FORM 630 - Revised: 10/2017