RI SOS Fili	ng Number: 2	201859948400	Date: 3/8/2018 4:0	00:00 PM		
State of Rhode Island Department of	State - Busin		Division		27%. A	
Annual Report for the Corporation → Filing period: January 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.	I - March 1	oot filed by April 1.	_			
1. Entity ID Number 001673565		2 Exact name of the Corporation Kenny's Place, Inc.				
Principal Office Address 1045 Reservoir Avenue			City Cranston	State RI	Zip 02910	
4. NAICS Code 72 - Accommodation and Foundation 5. State of Incorporation Rhode Island		•	cter of business conducted in	Rhode Island		
7. List ALL officers (names and President Name Kenneth Dema	d addresses) arco, Jr.		Vice-President Name Kenr	Check the box to indineth Demarco, Jr.	cate an attachment _	
Street Address 1045 Reservoir Avenue			Street Address 1045 Reservoir Avenue			
City Cranston	State RI	^{Zip} 02910	City Cranston	State RI	Zip 02910	
Secretary Name Same			Treasurer Name Same			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. List ALL directors (names ar Director Name None	nd addresses)		Director Name None	Check the box to indi	cate an attachment	
Street Address			Street Address			

City State Zip City State Zip Director Name Director Name Street Address Street Address City State State Zıp City Zip 9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment This information is currently of record in the CLASS/SERIES Department of State. 0 Changes require an additional filling.

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

Kenneth Demarco

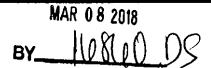
Signature of Authorized Representative

SIGN DOCUMENT HERED

MAIN TO: Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov



FORM 630 - Revised: 10/2016