



RI SOS Filing Number: 201984094030 Date: 1/9/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

JAN 09 2019

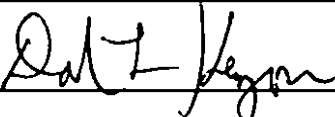
BY

51462
001**Annual Report for the year: 2019**
Corporation

→ 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 000035610		2. Exact name of the Corporation NORTH KINGSTOWN RENTALS, INC.			
3. Principal Office Address 7785 POST ROAD		City NORTH KINGSTOWN		State RI	Zip 02852
4. NAICS Code 532310		6. Brief description of the character of business conducted in Rhode Island RENTAL OF MACHINERY AND EQUIPMENT TO CONTRACTORS AND TO THE GENERAL PUBLIC.			
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 DAVID L. KENYON			Vice-President Name ELISE P. KENYON		
Street Address 7785 POST ROAD			Street Address 7785 POST ROAD		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
Secretary Name ELISE P. KENYON			Treasurer Name DAVID L. KENYON		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		
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 DAVID L. KENYON, PRESIDENT					Date 1/7/19
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					