



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

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 000144571		2. Exact name of the Corporation Kybrit, Inc.			
3. Principal Office Address 1985 Mendon Rd. Suite 1			City Cumberland	State RI	Zip 02864
4. NAICS Code 524210 52-Finance and Insurance		6. Brief description of the character of business conducted in Rhode Island To act as agent or broker for insurance companies in soliciting and receiving applications for fire, casualty, plate glass, automobile, truck and other motor vehicle, accident, health, and life insurance.			
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 Michelle Pickering			Vice-President Name none		
Street Address 1985 Mendon Rd Suite 1			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name none			Treasurer Name none		
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 none			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	
		100		CNP	
				PAR VA. UE	
				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 Michelle Pickering					Date 1/16/2019
Signature of Authorized Representative <i>Michelle Pickering</i>					

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

JAN 22 2019

BY 3413 DS

FORM 630 - Revised: 10/2017