



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

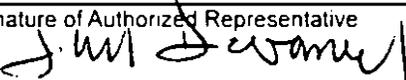
FILED

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

MAR 21 2019
 BY 103 DS FOR

- 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 100121		2. Exact name of the Corporation KIMO COMMUNICATIONS, INC.			
3. Principal Office Address 56 Rockland Street			City Narragansett	State RI	Zip 02882
4. NAICS Code 561990		6. Brief description of the character of business conducted in Rhode Island SERVICING AGENT AND PROMOTION OF EVENTS			
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 John Devaney			Vice-President Name None		
Street Address 56 Rockland Street			Street Address		
City Narragansett	State Ri	Zip 02882	City	State	Zip
Secretary Name John Devaney			Treasurer Name John Devaney		
Street Address As above			Street Address As above		
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 John Devaney			Director Name		
Street Address As above			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	
		300	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. <i>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.</i>					
Name of Authorized Representative John Devaney				Date 1/21/19	
Signature of Authorized Representative 			SIGN DOCUMENT HERE		

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