



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.

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

2019 JUN -3 AM 11:42

1. Entity ID Number <b>000014536</b>		2. Exact name of the Corporation <b>Kardinal Land, Inc.</b>	
3. Principal Office Address <b>131 Dawn Marie Dr</b>		City <b>Portsmouth</b>	State <b>RI</b>
		Zip <b>02871</b>	
4. NAICS Code <b>531110</b>	6. Brief description of the character of business conducted in Rhode Island <b>Real Estate Holding</b>		
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Sean Carney</b>		Vice-President Name <b>Devere V. Carney</b>	
Street Address <b>131 Dawn Marie Dr.</b>		Street Address <b>8 Bray Ln</b>	
City <b>Portsmouth</b>	State <b>RI</b>	City <b>Portsmouth</b>	State <b>RI</b>
Zip <b>02871</b>		Zip <b>02809</b>	
Secretary Name <b>Erin Rogers</b>		Treasurer Name	
Street Address <b>128 Heritage Dr</b>		Street Address	
City <b>Portsmouth</b>	State <b>RI</b>	City	State
Zip <b>02871</b>		Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Erin Rogers</b>		Director Name	
Street Address <b>128 Heritage Dr</b>		Street Address	
City <b>Portsmouth</b>	State <b>RI</b>	City	State
Zip <b>02871</b>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <b>600</b>	CLASS/SERIES <b>\$ 1.00</b>
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 <b>Erin Rogers</b>		Date <b>5/29/19</b>	
Signature of Authorized Representative <b>Erin Rogers</b>		FILED JUN 03 2019 BY <b>Yniss</b> <b>A.A. 11:43 A.M.</b>	

## MAIL TO:

Division of Business Services

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FORM 630 - Revised: 02/2017