RI SOS Filing Number: 201930614570 Date: 12/23/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020 Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by April 1.

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1. Entity ID Number	2 Exact nam	ne of the Comoratio	<u> </u>				
000034352	2. Exact name of the Corporation KENWOOD CONSTRUCTION CO., INC.						
Principal Office Address			<u> </u>		ICtore	T7:	
103 Wilson Avenue			City East Provid	ience	State RI	Zip 02916	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island						
236118	General consturction and remodeling of all buildings						
State of Incorporation RI			•				
7. List ALL officers (names and	addresses)			Check	the box to i	ndicate an attachment	
President Name Kenneth G. Kazarian			Vice-President Name Kenneth G. Kazarian				
Street Address 103 Wilson Avenue			Street Address 103 Wilson Avenue				
City East Providence	State RI	^{Zip} 02916	City East Providence		State RI	^{Zip} 02916	
Secretary Name Kenneth G. Kazarian			Treasurer Name Kenneth G. Kazarian				
Street Address 103 Wilson Avenue			Street Address 103 Wilson Avenue				
City East Providence	State RI	Zip 02916	City East Providence		State RI	^{Z_{IP}} 02916	
8. List ALL directors (names an	d addresses)			Check	the box to i	ndicate an attachment	
Director Name			Director Name	;			
Street Address			Street Address				
City	State	Zip	City		State	Zıp	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	<u> </u>	State	Zıp	
9. Shares Authorized		10. Shares Is:	10. Shares Issued Check the box to indicate an attachme				
9. Shares Authorized This information is currently of record in the		NUMBER OF SHARES		0	CLASS/SERIES PAR VALUE		
Department of State. Changes require an additional filing.		100		common		none	
11. This report must be execute trustee, this report must be exe	ed on behalf of the	corporation by an	authorized repres	sentative. If the corp	oration is in	the hands of a receiver or	
Under penalty of perjury, I de	clare and affirm	that I have examin	red this report. i	ustee. ncludina anv accol	mpanying s	chedules and	
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 G. Kazarian Date 1 - 19 - 19							
Signature of Authorized Repres	sentátive Quav	SIGNIDO	CUMENT HERE	<u></u>	l		
	T .						

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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