



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

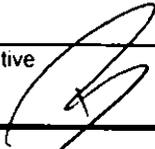
FILED

FEB 27 2020

BY W. Kelly OS

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.

1. Entity ID Number 001680598		2. Exact name of the Corporation KETTLEY & COMPANY, INC.			
3. Principal Office Address 22 WILLIAM STREET			City NORTH KINGSTOWN	State RI	Zip 02852
4. NAICS Code 512110		6. Brief description of the character of business conducted in Rhode Island FILM PRODUCTION			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BRADLEY KETTLEY			Vice-President Name		
Street Address 22 WILLIAM STREET			Street Address		
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip
Secretary Name BRADLEY KETTLEY			Treasurer Name BRADLEY KETTLEY		
Street Address 22 WILLIAM STREET			Street Address 22 WILLIAM STREET		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name BRADLEY KETTLEY			Director Name		
Street Address 22 WILLIAM STREET			Street Address		
City NORTH KINGSTOWN	State RI	Zip 02852	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
			1000		NO PAR
			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 BRADLEY KETTLEY					Date 2/4/20
Signature of Authorized Representative 					

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