



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2020

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>000515925</u>		2. Exact name of the Corporation <u>KDN CONSTRUCTION & DESIGN INC.</u>			
3. Principal office address <u>120 SUMMIT ST</u>			City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02860</u>
4. Business Phone No. <u>401-228-4073</u>			5. State of Incorporation <u>RI</u>		
6. Brief description of the character of business conducted in Rhode Island <u>CONSTRUCTION</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>NEIL DA SILVA</u>			Vice-President Name <u>KAREN MILHO DA SILVA</u>		
Street Address <u>120 SUMMIT ST</u>			Street Address <u>SAME</u>		
City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02860</u>	City	State	Zip
Secretary Name			Treasurer Name <u>KAREN MILHO DA SILVA</u>		
Street Address			Street Address <u>SAME</u>		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			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 <u>1000</u>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<u>NONE</u>	<u>COMMON</u>	<u>\$ 0.01</u>

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.

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

APR 02 2020

KL DM5XT

3.14

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.

Signature of Authorized Representative

Date

Print of Type Name of Authorized Representative

RECEIVED
R.I. DEPT. OF STATE
2020 APR -2 PM 3:12