



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** 2019

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>000515935</u>	2. Exact name of the Corporation <u>KIDN CONSTRUCTION &amp; DESIGN INC</u>		
3. Principal office address <u>120 SUMMIT ST</u>	City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02866</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:**

President Name <u>NEIL DA SILVA</u>		Vice-President Name <u>KAREN MILNE 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>02866</u>	
Secretary Name		Treasurer Name <u>KAREN MILNE DA SILVA</u>	
Street Address		Street Address <u>SAME</u>	
City	State	Zip	

**8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT:**

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

**9. SHARES AUTHORIZED (X) BOX FOR ATTACHMENT:**

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: \_\_\_\_\_

**FILED**  
**APR 02 2020**  
KLDMEXT

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]  
Signature of Authorized Representative

3/20/20  
Date

RECEIVED  
R.I. DEPT OF STATE  
BUSINESS DIV  
2020 APR -2 P 3 12

Karen DaSilva  
Print of Type Name of Authorized Representative