



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.

FILED
STAMP

JUN 30 2020

BY 04626305

1. Entity ID Number 82332		2. Exact name of the Corporation McKAY GROUP, INC.			
3. Principal Office Address 52 POPLAR AVENUE			City NORTH KINGSTOWN	State RI	Zip 02852
4. NAICS Code 531110	6. Brief description of the character of business conducted in Rhode Island TO PURCHASE, TAKE, RECEIVE OR OTHERWISE ACQUIRE OR DEAL IN/WITH REAL AND PERSONAL PROPERTY.				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name SCOTT C. McKAY			Vice-President Name KEITH G. McKAY		
Street Address 52 POPLAR AVENUE			Street Address 27 BOSTON NECK ROAD		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
Secretary Name SCOTT C. McKAY			Treasurer Name SCOTT C. McKAY		
Street Address 52 POPLAR AVENUE			Street Address 52 POPLAR AVENUE		
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			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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 2000	CLASSIFIES COMMON	PAR VALUE NO PAR
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 SCOTT C MCKAY				Date 1/10/20	
Signature of Authorized Representative Scott C. McKay				SIGN DOCUMENT HERE	

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