



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 0426305

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