



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 0412-6368

1. Entity ID Number 8942		2. Exact name of the Corporation McKay's Furniture, INC			
3. Principal Office Address 182 LAFAYETTE ROAD			City NORTH KINGSTOWN	State RI	Zip 02852
4. NAICS Code 82332		6. Brief description of the character of business conducted in Rhode Island retail sale of furniture and carpeting			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name KEITH G. McKAY			Vice-President Name KERRY P. McKAY		
Street Address 227 BOSTON NECK ROAD			Street Address 747 SHERMANTOWN ROAD		
City NORTH KINGSTOWN	State RI	Zip 02852	City SAUNDERSTOWN	State RI	Zip 02874
Secretary Name KETH G. McKAY			Treasurer Name KERRY P. McKAY		
Street Address 227 BOSTON NECK ROAD			Street Address 747 SHERMANTOWN ROAD		
City NORTH KINGSTOWN	State RI	Zip 02852	City SAUNDERSTOWN	State RI	Zip 02874
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name KEITH G. McKAY			Director Name KERRY P. McKAY		
Street Address 227 BOSTON NECK ROAD			Street Address 774 SHERMANTOWN ROAD		
City NORTH KINGSTOWN	State RI	Zip 02852	City SAUNDERSTOWN	State RI	Zip 02874
Director Name SCOTT C. McKAY			Director Name		
Street Address 52 POPLAR AVE			Street Address		
City NORTH KINGSTOWN	State RI	Zip 02852	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/STOCKS		
			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 SCOTT C MCKAY				Date 1/10/20	
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