



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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| 1. Entity ID Number 972422 | | 2. Exact name of the Corporation KINGSBROOK DEVELOPMENT CORPORATION | |
| 3. Principal Office Address 290 PRATT STREET | | City MERIDEN | State CT |
| 3. Principal Office Address 290 PRATT STREET | | Zip 06450 | |
| 4. NAICS Code 238990 | 6. Brief description of the character of business conducted in Rhode Island GENERAL CONTRACTING AND CONSTSRUCTION RENOVATIONS | | |
| 5. State of Incorporation CONNECTICUT | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name DAVID W. SEYMOUR | | Vice-President Name | |
| Street Address 290 PRATT STREET | | Street Address | |
| City MERIDEN | State CT | Zip 06450 | |
| Secretary Name TARA RITCHIE | | Treasurer Name | |
| Street Address 290 PRATT STREET | | Street Address | |
| City MERIDEN | State CT | Zip 06450 | |
| 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 | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| 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 10,000 | CLASS/SERIES Common |
| | | PAR VALUE .50 Each | |
| 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 DAVID W. SEYMOUR | | | Date 1/4/2021 |
| Signature of Authorized Representative <i>David W. Seymour</i> | | | |