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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED STAMP
FEB 01 2021
BY

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.

1. Entity ID Number	2. Exact name of the Corporation
000796521	KIT Inc.

3. Principal Office Address	City	State	Zip
1800 Post Road	Warwick	RI	02886

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
722513	Fast food
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Anthony E. Ferri, III			Vice-President Name:		
Street Address: 35 Locust Glen Drive			Street Address:		
City: Cranston	State: RI	Zip: 02921	City:	State:	Zip:
Secretary Name: Anthony E. Ferri, III			Treasurer Name: Anthony E. Ferri, III		
Street Address: 35 Locust Glen Drive			Street Address: 35 Locust Glen Drive		
City: Cranston	State: RI	Zip: 02921	City: Cranston	State: RI	Zip: 02921

8 List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Anthony E. Ferri, III			Director Name:		
Street Address: 35 Locust Glen Drive			Street Address:		
City: Cranston	State: RI	Zip: 02921	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9 Shares Authorized

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	CNP	NONE

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	Date
Anthony E. Ferri, III	1-22-21

Signature of Authorized Representative: 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

FORM 630 - Revised: 10/2017