



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.

2021 FEB - 5 10 3:33
ST. MP
RECEIVED
RI, DEPT. OF STATE
BUS. SVCS. DIV.

1. Entity ID Number 000973740		2. Exact name of the Corporation Krent Paffett Carney, Inc.												
3. Principal Office Address 1 Charles Street			City Providence	State RI	Zip 02904									
4. NAICS Code 541410		6. Brief description of the character of business conducted in Rhode Island Museum Exhibit Design - Graphic Design / Industrial Design / Content creation												
5. State of Incorporation MA														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name John Carney			Vice-President Name N/A											
Street Address 383 Rochambeau Avenue			Street Address											
City Providence	State RI	Zip 02906	City	State	Zip									
Secretary Name N/A			Treasurer Name N/A											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Larissa Hansen Hallgren			Director Name N/A											
Street Address 164 Plympton Street			Street Address											
City Middleboro	State MA	Zip 02346	City	State	Zip									
Director Name N/A			Director Name N/A											
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 <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>12,500</td> <td></td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	12,500		0			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
12,500		0												
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 John Carney				Date 2/4/2021										
Signature of Authorized Representative 														

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 (Rev. 10/2019)

FILED

FEB 05 2021

BY 706JP
3:35