



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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 REG. BUS. SVCS. DIV.  
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|  |             |  |   |                  |              |
|--|-------------|--|---|------------------|--------------|
| 1. Entity ID Number<br>000973740   |             | 2. Exact name of the Corporation<br>Krent Paffett Carney, Inc.   |   |                  |              |
| 3. Principal Office Address<br>1 Charles Street  |             |  | City<br>Providence  | State<br>RI      | Zip<br>02904 |
| 4. NAICS Code<br>541410  |             | 6. Brief description of the character of business conducted in Rhode Island<br>Museum Exhibit Design - Graphic Design / Industrial Design / Content creation |   |                  |              |
| 5. State of Incorporation<br>MA  |             |  |   |                  |              |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |             |  |   |                  |              |
| President Name<br>John Carney  |             |  | Vice-President Name<br>N/A  |                  |              |
| Street Address<br>383 Rochambeau Avenue  |             |  | Street Address  |                  |              |
| City<br>Providence   | State<br>RI | Zip<br>02906   | City  | State            | Zip          |
| Secretary Name<br>N/A  |             |  | Treasurer Name<br>N/A   |                  |              |
| Street Address   |             |  | Street Address  |                  |              |
| City   | State       | Zip  | City  | State            | Zip          |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |             |  |   |                  |              |
| Director Name<br>Larissa Hansen Hallgren   |             |  | Director Name<br>N/A  |                  |              |
| Street Address<br>164 Plympton Street  |             |  | Street Address  |                  |              |
| City<br>Middleboro   | State<br>MA | Zip<br>02346   | City  | State            | Zip          |
| Director Name<br>N/A   |             |  | Director Name<br>N/A  |                  |              |
| Street Address   |             |  | Street Address  |                  |              |
| City   | State       | Zip  | City  | State            | Zip          |
| 9. Shares Authorized   |             |  | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                  |              |
| This information is currently of record in the Department of State.<br>Changes require an additional filing.   |             |  | NUMBER OF SHARES  |                  | 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.<br><b>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.</b> |             |  |   |                  |              |
| Name of Authorized Representative<br>John Carney   |             |  |   | Date<br>2/4/2021 |              |
| Signature of Authorized Representative<br>   |             |  |   |                  |              |

MAIL TO:  
 Division of Business Services  
 148 W River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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