RI SOS Filing Number: 202195121520 Date: 3/30/2021 4:00:00 PM

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

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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		
8942	McKay's Furniture, INC		
3. Principal Office Address: 182 LAFAYETTE ROAD	City: NORTH KINGSTOWN	State: RI	Zip: 02852
4. NAICS Code: 812332	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 ☐

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: KETIH 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 ☐

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

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	COMMON	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: DAVID J. REILLY, ESQ — Date: 3/26/21

Signature of Authorized Representative: David J. Reilly, ESQ — SIGN DOCUMENT HERE — FILED

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

MAR 30 2021
BY 0588 A.A.

FORM 630 - Revised: 10/2017