RI SOS Filing Number: 202100431090 Date: 8/27/2021 3:06:00 PM

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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BUS SVCS DIV
2021 AUG 27 PM 3:04

STAMP

FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number	2. Exact name of the Corporation		
000088560	KEEFE GENERAL SERVICE, INC		
3. Principal Office Address	City	State	Zip
16 TAYLOR ROAD	JOHNSTON	RI	02919
4. NAICS Code: 532412	6. Brief description of the character of business conducted in Rhode Island: HOLDING & LEASING VARIOUS TYPES OF HEAVY CONSTRUCTION AND EXCAVATING EQUIPMENT.		
5. State of Incorporation: RI			

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

President Name: JOHN R. KEEFE			Vice-President Name: JOHN R. KEEFE		
Street Address: 16 TAYLOR ROAD			Street Address: 16 TAYLOR ROAD		
City: JOHNSTON	State: RI	Zip: 02919	City: JOHNSTON	State: RI	Zip: 02919
Secretary Name: JOHN R. KEEFE			Treasurer Name: JOHN R. KEEFE		
Street Address: 16 TAYLOR ROAD			Street Address: 16 TAYLOR ROAD		
City: JOHNSTON	State: RI	Zip: 02919	City: JOHNSTON	State: RI	Zip: 02919

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

Director Name: JOHN R. KEEFE			Director Name		
Street Address: 16 TAYLOR ROAD			Street Address		
City: JOHNSTON	State: RI	Zip: 02919	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
1,000	STK	$0.00

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
PAUL O. PLUNKETT, (COUNSEL & AGENT)	08-26-2021

Signature of Authorized Representative: Paul O. Plunkett

FILED
AUG 27 2021
BY
3:06

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: 08/2020