



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2020**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

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R.I. DEPT. OF STATE
BUS SVCS DIVFOR
STATE OF RHODE ISLAND
USE ONLY

2021 AUG 27 PM 3:05

1. Entity ID Number 000088560		2. Exact name of the Corporation KEEFE GENERAL SERVICE, INC			
3. Principal Office Address 16 TAYLOR ROAD			City JOHNSTON	State RI	Zip 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 RD.			Street Address 16 TAYLOR RD.		
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 RD.			Street Address 16 TAYLOR RD.		
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 RD.			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			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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 PAUL O. PLUNKETT, (COUNSEL & AGENT)					Date 08-26-2021
Signature of Authorized Representative <i>Paul O. Plunkett</i>					

FILED

AUG 27 2021

BY *an xx/ywJ*
3:05