



State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2022  
Corporation

- Filing period February 1 - May 1
- Filing Fee \$50.00
- Penalty Additional \$25.00 fee if form is not filed by May 31.

FEB 14 2022  
BY: 336ed

1. Entity ID Number <b>000034352</b>		2. Exact name of the Corporation <b>KENWOOD CONSTRUCTION CO., INC.</b>												
3. Principal Office Address <b>103 Wilson Avenue</b>		City <b>East Providence</b>	State <b>RI</b>	Zip <b>02916</b>										
4. NAICS Code <b>236118</b>	6. Brief description of the character of business conducted in Rhode Island <b>General construction and remodeling of all buildings</b>													
5. State of Incorporation <b>RI</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>Kenneth G. Kazarian</b>			Vice-President Name <b>Kenneth G. Kazarian</b>											
Street Address <b>103 Wilson Avenue</b>			Street Address <b>103 Wilson Avenue</b>											
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02916</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02916</b>									
Secretary Name <b>Kenneth G. Kazarian</b>			Treasurer Name <b>Kenneth G. Kazarian</b>											
Street Address <b>103 Wilson Avenue</b>			Street Address <b>103 Wilson Avenue</b>											
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02916</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02916</b>									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
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.  Changes require an additional filing.			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">NUMBER OF SHARES</td> <td style="width: 33%; text-align: center;">CLASS/SERIES</td> <td style="width: 33%; text-align: center;">PAR VALUE</td> </tr> <tr> <td style="text-align: center;">100</td> <td style="text-align: center;">Common</td> <td style="text-align: center;">None</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	None			
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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.														
<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 <b>Kenneth G. Kazarian</b>				Date <b>2/12/22</b>										
Signature of Authorized Representative 														

MAIL TO:  
Division of Business Services  
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Website: www.sos.ri.gov