



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2023

FEB 21 2023

Corporation

BY 1175
DS

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001654222		2. Exact name of the Corporation KAM Enterprises, Inc.			
3. Principal Office Address 34 Briarwood Road		City Lincoln		State RI	Zip 02865
4. NAICS Code 454390		6. Brief description of the character of business conducted in Rhode Island Direct selling establishment			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kevin A. Mohamed		Vice-President Name Sandra M. Mohamed			
Street Address 34 Briarwood Road		Street Address 185 Cumberland Hill Road - Unit 408			
City Lincoln	State RI	Zip 02865	City Cumberland	State RI	Zip 02864
Secretary Name Kevin A. Mohamed		Treasurer Name Kevin A. Mohamed			
Street Address 34 Briarwood Road		Street Address 34 Briarwood Road			
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kevin A. Mohamed		Director Name			
Street Address 34 Briarwood Road		Street Address			
City Lincoln	State RI	Zip 02865	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		1000	CNP	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. 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 <u>Kevin Mohamed</u>				Date 2/10/23	
Signature of Authorized Representative <u>Kevin Mohamed</u>					

MAIL TO:

Division of Business Services

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FORM 630 - Revised: 11/2021