



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

FILED STAMP

MAR 02 2023

BY 2647

1. Entity ID Number 73060		2. Exact name of the Corporation Ken's Canvas & Cushions, Inc.			
3. Principal Office Address 101 Narragansett Avenue		City Barrington		State RI	Zip 02806
4. NAICS Code 811420		6. Brief description of the character of business conducted in Rhode Island Conducting and reconstruction of marine and automobile upholstery, providing canvas and cushions			
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 Kenneth E. Robinson			Vice-President Name		
Street Address 101 Narragansett Avenue			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Secretary Name Kenneth E. Robinson			Treasurer Name		
Street Address 101 Narragansett Avenue			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kenneth R. Robinson			Director Name		
Street Address 101 Narragansett Avenue			Street Address		
City Barrington	State RI	Zip 02806	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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1,000	common	no par	
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 Kenneth E. Robinson					Date 2-27-23
Signature of Authorized Representative 					

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: 2/2023