



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

MAR 07 2023

BY 30547

RS

1. Entity ID Number 000117395		2. Exact name of the Corporation MKB Services, Inc.			
3. Principal Office Address 40 Patton Road			City Rumford	State RI	Zip 02916
4. NAICS Code 443142		6. Brief description of the character of business conducted in Rhode Island To engage in the business of providing delivery services to local businesses			
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 Timothy P. Chaput			Vice-President Name		
Street Address 40 Patton Road			Street Address		
City Rumford	State RI	Zip 02916	City	State	Zip
Secretary Name Timothy P. Chaput			Treasurer Name Timothy P. Chaput		
Street Address 40 Patton Road			Street Address 40 Patton Road		
City Rumford	State RI	Zip 02916	City Rumford	State RI	Zip 02916
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 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		
			C. ASS/SERIES		PAR VALUE
			500	Common	No 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 Timothy P. Chaput				Date 2-17-23	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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