



State of Rhode Island

Department of State - Business Services Division

FILED

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.

MAR 14 2023

BY 1463

PS

| | | | | | |
|---|---|--|---------------------------------------|---------------------|--|
| 1. Entity ID Number 133405 | | 2. Exact name of the Corporation Kennett Construction, Inc. | | | |
| 3. Principal Office Address 779 Rocky Hill Road | | | City North Smithfield | State RI | Zip 02896 |
| 4. NAICS Code 236118 | 6. Brief description of the character of business conducted in Rhode Island GENERAL CONTRACTING AND REMODELING OF BOTH RESIDENTIAL AND COMMERCIAL PROPERTY AND ALL MATTERS RELATED THERETO | | | | |
| 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 Douglas Kennett | | | Vice-President Name Vacant | | |
| Street Address 779 Rocky Hill Road | | | Street Address | | |
| City North Smithfield | State RI | Zip 02896 | City | State | Zip |
| Secretary Name Rachel Kennett | | | Treasurer Name Rachel Kennett | | |
| Street Address 779 Rocky Hill Road | | | Street Address 770 Rocky Hill Road | | |
| City North Smithfield | State RI | Zip 02896 | City North Smithfield | State RI | Zip 02896 |
| 8. List ALL directors (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| Director Name Douglas Kennett | | | Director Name | | |
| Street Address 779 Rocky Hill Road | | | Street Address | | |
| City North Smithfield | State RI | Zip 02896 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | 10. Shares Issued | | | |
| This information is currently of record in the Department of State. | | Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Changes require an additional filing. | | NUMBER OF SHARES 20 | CLASS/SERIES COMMON | PAR VALUE 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 DOUGLAS KENNETT | | | | Date 1/23/2023 | |
| Signature of Authorized Representative | | | | | |

MAIL TO:

Division of Business Services

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