



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2023

MAR 14 2023

Corporation

BY 1463

RS

- 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 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. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			20	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 DOUGLAS KENNETT				Date 1/23/2023	
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