



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Business Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2023

**1. Corporate ID No.** 001723752

**2. Name of Corporation** DKP ADMINISTRATION, INC.

**3. Street Address Principal Business Office:**

No. and Street: 1019 VISTA PARK DRIVE  
SUITE A

City or Town: FOREST State: VA Zip: 24551 Country: USA

**4. Business Phone No.**

8333572366

**5. State of Incorporation**

State: VA

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

524210

**6. Brief Description of the Character of Business Conducted in Rhode Island**

SERVICE CONTRACT OBLIGOR AND VEHICLE PROTECTION PRODUCT OBLIGOR

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

| <b>Title</b>   | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|----------------|---|---|
| PRESIDENT      | JAMES BEVERIDGE PERKINS                               | 1019 VISTA PARK DR, STE A<br>FOREST, VA 24551 USA                 |
| CFO            | CHARMIN LYNN THOMAS                                   | 1019 VISTA PARK DR, STE A<br>FOREST, VA 24551 USA                 |
| VICE PRESIDENT | MICHAEL ROBERT FREE                                   | 1019 VISTA PARK DRIVE, STE A<br>FOREST, VA 24551 USA              |

**8. Shares Authorized and Issued**

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares<br><i>Number of Shares</i> | Total Issued and Outstanding<br><i>Num of Shares</i> |
|----------------|-----------------|---------------------|--|--|
| CNP            |                 | \$0.0000            | 5,000.00   | 0  |

**9. 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.**

**Signed this 14 Day of April, 2023 at 2:40:37 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By MICHAEL R FREE  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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