

REC'D RID05 BSD  
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**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.

1. Entity ID Number <b>000039417</b>		2. Exact name of the Corporation <b>Kevin &amp; Craig Inc</b>			
3. Principal Office Address <b>25 Simmons Road</b>			City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>
4. NAICS Code <b>238390</b>		6. Brief description of the character of business conducted in Rhode Island <b>GENERAL CONTRACTORS</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>CRAIG HIBBAD</b>			Vice-President Name <b>KEVIN P DOYLE</b>		
Street Address <b>25 SIMMONS ROAD</b>			Street Address <b>25 SIMMONS ROAD</b>		
City <b>LITTLE COMPTON</b>	State <b>RI</b>	Zip <b>02837</b>	City <b>LITTLE COMPTON</b>	State <b>RI</b>	Zip <b>02837</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SES	
		1200		NPV	
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.					
<b>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.</b>					
Name of Authorized Representative <b>CRAIG HIBBAD</b>				Date <b>12/202/2023</b>	
Signature of Authorized Representative <i>Craig Hibbad</i>					

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**FILED**

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DEC 26 2023  
BY ML TXRC