



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDG BSO
24 JAN 30 PM 1:54:49

1. Entity ID Number 000087256		2. Exact name of the Corporation Kirby Perkins Construction, Inc.			
3. Principal Office Address 210 Old Airport Road			City Middletown	State RI	Zip 02842
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island To act as a general contractor for the construction, repairing, remodeling, any work on residential, commercial private or public real estate.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Jerome R. Kirby, III			Vice-President Name		
Street Address 210 Old Airport Road			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
Secretary Name Jerome R. Kirby, III			Treasurer Name Jerome R. Kirby, III		
Street Address 210 Old Airport Road			Street Address 210 Old Airport Road		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
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			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 100	CLASS/SERIES Common Shares	PAR VALUE 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.					
<i>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.</i>					
Name of Authorized Representative Jerome R. Kirby, III					Date
Signature of Authorized Representative 					FILED 1154

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 1154
JAN 30 2024
BY 73001