



**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.

REC'D RIDOS BSD
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1. Entity ID Number 001688138		2. Exact name of the Corporation KM and Sons Glass Company			
3. Principal Office Address 2 Walker Road			City Foster	State RI	Zip 02825
4. NAICS Code 238150		6. Brief description of the character of business conducted in Rhode Island Glass contractors			
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 Kevin Dyer			Vice-President Name Matthew OConnors		
Street Address 2 Walker Road			Street Address 204 Round Top Road		
City Foster	State RI	Zip 02825	City Harrisville	State RI	Zip 02830
Secretary Name None			Treasurer Name None		
Street Address N/a			Street Address N/A		
City N/A	State N/A	Zip N/A	City N/A	State N/A	Zip N/A
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address N/A			Street Address N/A		
City N/A	State N/A	Zip N/A	City N/A	State N/A	Zip N/A
Director Name N/A			Director Name N/A		
Street Address N/A			Street Address N/A		
City N/A	State N/A	Zip N/A	City N/A	State N/A	Zip N/A
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		1,000	CWP	0.0100	
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 Kevin Dyer				Date 01/26/2024	
Signature of Authorized Representative <i>Kevin Dyer</i>					

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BY MAS9H

MAIL TO:
Division of Business Services
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