



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.

STAMP

FOR
 SECRETARY OF STATE
 OFFICE ONLY

REC'D RIDOS BSD
 24 FEB 14 PM 1:15:24

1. Entity ID Number 000012667		2. Exact name of the Corporation K&H Liquidating Co.			
3. Principal Office Address 22 Sandy Brook Road			City N. Scituate	State RI	Zip 02857
4. NAICS Code 454390		6. Brief description of the character of business conducted in Rhode Island SALES AND SERVICE OF WELDING SUPPLIES			
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 WILLIAM T. HEATON			Vice-President Name MICHAEL KEARNEY		
Street Address 22 Sandy Brook Road			Street Address 1302 Stony Lane		
City N. Scituate	State RI	Zip 02857	City North Kingstown	State RI	Zip 02852
Secretary Name WILLIAM T. HEATON			Treasurer Name MICHAEL KEARNEY		
Street Address 22 Sandy Brook Road			Street Address 1302 Stony Lane		
City N. Scituate	State RI	Zip 02857	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name WILLIAM T. HEATON			Director Name MICHAEL KEARNEY		
Street Address 22 Sandy Brook Road			Street Address 1302 Stony Lane		
City N. Scituate	State RI	Zip 02857	City North Kingstown	State RI	Zip 02852
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		
			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.					
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 WILLIAM T. HEATON, PRESIDENT					Date 2/7/24
Signature of Authorized Representative <i>Bill Heaton</i>					

FILED

FEB 14 2024
 BY *mr238m*
no