



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

**FILED**

**MAIL TO:**

**Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

**FEB 14 2024**

**BY mR38m**

*no*

FORM 630- Revised: 04/2023