



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2024
Corporation

MAR 12 2024
 BY 405
 DS

- 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 1041		2. Exact name of the Corporation KPS, INC.			
3. Principal Office Address 55 1/2 Woodlawn Avenue			City Bristol	State RI	Zip 02809
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island Construction/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 Karen Silva			Vice-President Name Peter Silva		
Street Address 55 1/2 Woodlawn Avenue			Street Address 55 1/2 Woodlawn Avenue		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Karen Silva			Treasurer Name Peter Silva		
Street Address 55 1/2 Woodlawn Avenue			Street Address 55 1/2 Woodlawn Avenue		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Karen Silva			Director Name Peter Silva		
Street Address 55 1/2 Woodlawn Avenue			Street Address 55 1/2 Woodlawn Avenue		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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/SLRILS	PAR VALUE
		100		Common	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. 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 Karen Silva				Date 3-4-2024	
Signature of Authorized Representative <i>Karen Silva President</i>					

MAIL TO:
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 Website: www.sos.ri.gov