RÍ SOS Filing Number: 202448887290 Date: 3/12/2024 4:00:00 PM

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State of Rhode Island Department of State - Business Services Division					FIL	FILED	
Annual Report for the year: 2024					MAR .	MAR 12 2024	
Corporation ————————————————————————————————————					MIAIN	WYUKT	
Filing Fee: \$50.00					BY _		
Penalty: Additional \$25.00 fee if form is not filed by May 31. 1. Entity ID Number							
000015062	Kent County Land Company						
3. Principal Office Address	City State Zip						
394 Narragansett Bay Avenue			Warwi	ck	RI	02886	
4. NAICS Code		on of the characte	L. er of busines	s conducted in Rho	ode Island	1	
531390	Property Owner						
5 State of Incorporation	Troporty Carlos						
Rhode Island							
7. List ALL officers (names and addresses) Check the box to indicate an attachment President Name Vice-President Name Vice-President Name							
i nomas Forsytne				Eric Aniborg			
Street Address 394 Narraganse			Street Address 394 Narragansett Bay Avenue				
City Warwick	State RI	^{Z_{ip}} 02889	City War	wick		RI 02889	
Secretary Name Maryanne Bevans, Esq.			Treasurer Name William McGillivray				
Street Address 797 Bald Hill Road			Street Address 394 Narragansett Bay Avenue				
^{City} Warwick	State RI	^{Zıp} 02886	^{City} Warwick		State F	RI 02889	
8 List ALL directors (names and addresses) Check the box to indicate an attachment Director Name Director Name							
I nomas Forsythe			Eric Ahlborg				
Street Address 394 Narragansett Bay Avenue			Street Address 394 Narragansett Bay Avenue				
City Warwick	State RI	^{Zip} 02889	^{Crty} Warwick		State F	RI 02889	
Director Name William McGillivray			Director Name John Colgan				
Street Address 394 Narragansett Bay Avenue			Street Address 394 Narragansett Bay Avenue				
City Warwick	State RI	^{Zıp} 02889	City Warwick		State F	RI 02889	
9 Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10 Shares Issued Check the box to indicate an attachment NUMBER OF SHARES CLASS/SERIES PAR VALUE					
		980		CWP \$100.00		\$100.00	
				1			
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-							
ceiver 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 Date							
Thomas Forsythe, President				1/1/29			
Signature of Authorized Representative							

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Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov