



**State of Rhode Island**  
**Department of State - Business Services Division**

FILED .P

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.

MAR 25 2024

BY

20113

DS

1. Entity ID Number 000038942		2. Exact name of the Corporation KITE ARCHITECTS, INC.												
3. Principal Office Address 1 CENTRAL STREET			City PROVIDENCE	State RI	Zip 02907									
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island PROFESSIONAL SERVICE CORPORATION TO ENGAGE IN THE PRACTICE OF ARCHITECTURE												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name ALBERT JOSE GARCIA			Vice-President Name CHRISTINE MALECKI WEST											
Street Address 1 CENTRAL STREET			Street Address 1 CENTRAL STREET											
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907									
Secretary Name CHRISTINE MALECKI WEST			Treasurer Name CHRISTINE MALECKI WEST											
Street Address SAME			Street Address SAME											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>8000</td> <td>CWP</td> <td>1,000</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	8000	CWP	1,000			
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8000	CWP	1,000												
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 CHRISTINE MALECKI WEST					Date 3/12/24									
Signature of Authorized Representative														