



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.

2024 MAR 26 PM 4:00
FILED

1. Entity ID Number 001758626		2. Exact name of the Corporation K.I.T. Coding, Inc.			
3. Principal Office Address 66 Plainfield Pike			City Foster	State RI	Zip 02825
4. NAICS Code 541219		6. Brief description of the character of business conducted in Rhode Island Medical coding, an ancillary purposes, and all other lawful purposes.			
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 I. Tennille			Vice-President Name		
Street Address 66 Plainfield Pike			Street Address		
City Foster	State RI	Zip 02825	City	State	Zip
Secretary Name Karen I. Tennille			Treasurer Name Karen I. Tennille		
Street Address 66 Plainfield Pike			Street Address 66 Plainfield Pike		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 100	CLASS/SER/ES Common Shares	PAR VALUE 0.01 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 I. Tennille				Date 4-14-24	
Signature of Authorized Representative <i>Karen I. Tennille</i>				FILED	

MAR 26 2024
BY ML 1013