



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 APR 19 AM 10:25:19

Annual Report for the year: 2020
Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 1077794		2. Exact name of the Corporation K. Polmen DOT			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO help ceprange and need in liberia through JETHOVAT witness			
4. NAICS Code 813219					
6. Principal Office Address 9 MELISSA ST - APT 1		City Providence	State RI	Zip 02909	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Anne Sando		Vice-President Name			
Street Address 9 Melissa St apt 1		Street Address			
City Providence	State RI	Zip 02909	City	State	Zip
Secretary Name Dell Johnny		Treasurer Name			
Street Address 9 Melissa St apt 1		Street Address			
City Providence	State RI	Zip 02909	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Steve Kardio		Director Name Anne Sando			
Street Address 9 Melissa St apt 1		Street Address 9 MELISSA ST APT 1			
City providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Director Name Dell Johnny		Director Name			
Street Address 9 MELISSA ST APT 1		Street Address			
City Providence	State RI	Zip 02909	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Anne Sando				Date 4/19/24	
Signature of Officer/Authorized Representative 					

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

APR 19 2024
BY you 3M
AT 10:31 AM