



State of Rhode Island  
Department of State - Business Services Division

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