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.

STAMP
FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number	2. Exact name of the Corporation		
35594	KIMCO SALES, INC.		
3. Principal Office Address	City	State	Zip
1481 Wampanoag Trail, Suite 6	East Providence	RI	02915
4. NAICS Code: 811111	6. Brief description of the character of business conducted in Rhode Island: General agency business.		
5. State of Incorporation: RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Kimberly Schiano			Vice-President Name:		
Street Address: 51 Wedgewood Drive			Street Address:		
City: Seekonk	State: MA	Zip: 02771	City:	State:	Zip:
Secretary Name: Kimberly Schiano			Treasurer Name: Kimberly Schiano		
Street Address: 51 Wedgewood Drive			Street Address: 51 Wedgewood Drive		
City: Seekonk	State: MA	Zip: 02771	City: Seekonk	State: MA	Zip: 02771

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Kimberly Schiano			Director Name:		
Street Address: 51 Wedgewood Drive			Street Address:		
City: Seekonk	State: MA	Zip: 02771	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100	Common	no par

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	Date
Kimberly Schiano	3/4/24

Signature of Authorized Representative: Kimberly A. Schiano

FILED
APR 24 2024
BY JCJQP
A-R

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised: 12/2023