

REC'D RIDGS BSD
24 SEP 19 PM 1:38:41State of Rhode Island
Department of State - Business Services DivisionAnnual Report for the year: 2022

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <u>000078608</u>		2. Exact name of the Corporation <u>KANBOR INC</u>			
3. Principal Office Address <u>420 ADELARDA RD.</u>			City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02907</u>
4. NAICS Code <u>531311</u>		6. Brief description of the character of business conducted in Rhode Island <u>REAL ESTATE</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>RICARDO PATINO</u>			Vice-President Name		
Street Address <u>420 ADELARDA RD.</u>			Street Address		
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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.			Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES <u>4000</u>	CLASS/SERIES	PAR VALUE <u>0.00</u>
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 <u>RICARDO PATINO</u>			FILED	Date <u>9/18/2024</u>	
Signature of Authorized Representative <u>[Signature]</u>					

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

BY

SEP 19 2024

WNERA
139

108

FORM 630- Revised: 12/2023