



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025  
Corporation

- Filing period February 1 - May 1
- Filing Fee \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FILED**

FFR 11 2025 *W*  
BY 3931

1 Entity ID Number <b>87741</b>		2 Exact name of the Corporation <b>KAMCO SUPPLY CORP. OF NEW ENGLAND</b>			
3. Principal Office Address <b>2 Barnes Industrial Road. P.O. Box 530</b>			City <b>Wallingford</b>	State <b>CT</b>	Zip <b>06492</b>
4. NAICS Code <b>213113</b>		6. Brief description of the character of business conducted in Rhode Island <b>To sell building and construction supplies.</b>			
5 State of Incorporation <b>Connecticut</b>					
7 List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Jay Sheehy</b>			Vice-President Name		
Street Address <b>190 Chapel Street</b>			Street Address		
City <b>Stratford</b>	State <b>CT</b>	Zip <b>06614</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Jay B. Sheehy</b>			Director Name		
Street Address <b>190 Chapel Street</b>			Street Address		
City <b>Stratford</b>	State <b>CT</b>	Zip <b>06614</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			1,000	Common	\$50.00
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.					
<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>					
Name of Authorized Representative <b>Jay B. Sheehy</b>					Date <b>2/5/25</b>
Signature of Authorized Representative <i>Jay B. Sheehy</i>					

MAIL TO:  
Division of Business Services  
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