



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

BY 3931

1 Entity ID Number 87741		2 Exact name of the Corporation KAMCO SUPPLY CORP. OF NEW ENGLAND			
3. Principal Office Address 2 Barnes Industrial Road, P.O. Box 530			City Wallingford		State CT
			Zip 06492		
4. NAICS Code 213113		6. Brief description of the character of business conducted in Rhode Island To sell building and construction supplies.			
5 State of Incorporation Connecticut					
7 List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Jay Sheehy			Vice-President Name		
Street Address 190 Chapel Street			Street Address		
City Stratford	State CT	Zip 06614	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 Jay B. Sheehy			Director Name		
Street Address 190 Chapel Street			Street Address		
City Stratford	State CT	Zip 06614	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. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			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.					
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 Jay B. Sheehy					Date 2/5/25
Signature of Authorized Representative <i>Jay B. Sheehy</i>					

MAIL TO:
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