



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.

FIELD STAMP
 FEB 11 2025
 BY 505

1. Entity ID Number 1041		2. Exact name of the Corporation KPS, INC.			
3. Principal Office Address 55 1/2 Woodlawn Avenue			City Bristol	State RI	Zip 02809
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island Construction/Real Estate			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Karen Silva			Vice-President Name Peter Silva		
Street Address 55 1/2 Woodlawn Avenue			Street Address 55 1/2 Woodlawn Avenue		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Karen Silva			Treasurer Name Peter Silva		
Street Address 55 1/2 Woodlawn Avenue			Street Address 55 1/2 Woodlawn Avenue		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Karen Silva			Director Name Peter Silva		
Street Address 55 1/2 Woodlawn Avenue			Street Address 55 1/2 Woodlawn Avenue		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
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 Value
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 Karen Silva				Date 2/4/2025	
Signature of Authorized Representative <i>Karen Silva President</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov