



State of Rhode Island

Department of State - Business Services Division

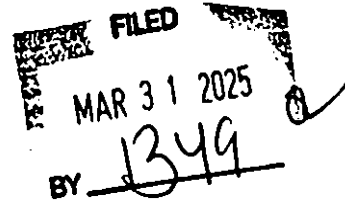
Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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



1. Entity ID Number 146053		2. Exact name of the Corporation DK POWER INC			
3. Principal Office Address 6 IVES BLUFF COURT		City E. GREENWICH		State RI	Zip 02818
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island ALTERNATIVE ENERGY CONSTRUCTION			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name DAVID GLAUDE			Vice-President Name KEVIN GLAUDE		
Street Address 6 IVES BLUFF COURT			Street Address 67 RYECROFT		
City E. GREENWICH	State RI	Zip 02818	City PLYMOUTH	State MA	Zip 02360
Secretary Name KEVIN GLAUDE			Treasurer Name KEVIN GLAUDE		
Street Address 67 RYECROFT			Street Address 67 RYECROFT		
City PLYMOUTH	State MA	Zip 02360	City PLYMOUTH	State MA	Zip 02360
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name DAVID GLAUDE			Director Name KEVIN GLAUDE		
Street Address 6 IVES BLUFF COURT			Street Address 67 RYECROFT		
City E. GREENWICH	State RI	Zip 02818	City PLYMOUTH	State MA	Zip 02360
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		CLASS-SERIES	
		NUMBER OF SHARES	1500	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 DAVID GLAUDE				Date 3/17/25	
Signature of Authorized Representative 					

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