



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.

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1. Entity ID Number 001756681		2. Exact name of the Corporation Skye Parker Company			
3. Principal Office Address 18 Pier Marketplace, Unit A			City Narragansett	State RI	Zip 02882
4. NAICS Code 451120		6. Brief description of the character of business conducted in Rhode Island Retail sales			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Ronald T. Kitt, Jr.			Vice-President Name		
Street Address 18 Pier Marketplace, Unit A			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
Secretary Name Ronald T. Kitt, Jr.			Treasurer Name Ronald T. Kitt, Jr.		
Street Address 18 Pier Marketplace, Unit A			Street Address 18 Pier Marketplace, Unit A		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES 100	C. ASS/SFRES Common	PAR VALUE \$.01
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 Ronald T. Kitt, Jr., President					Date 5/21/25
Signature of Authorized Representative 					FILED

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

MAY 20 2025  
BY