

State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

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25.00 September 1990	
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Filing Fee: \$50.00 Penalty: Additional \$25.00 fee if form is not filed by May 31.					2:3 <u>5</u>			
Entity ID Number	2. Exact name of the Corporation							
001756681	Skye Parker Company							
3. Principal Office Address	City State Zip							
18 Pier Marketplace, Unit A			Narrag	jansett	RI	02882		
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island							
451120	Retail sales							
5. State of Incorporation	1 (Clair Sales							
RI								
7. List ALL officers (names and add	resses)			Check the	box to indica	ate an attachment 🔲		
President Name Ronald T. Kitt, Jr.			Vice-President Name					
Street Address 18 Pier Marketplace, Unit A			Street Address					
Narragansett	State RI	^{Zip} 02882	City		State	Žip		
Secretary Name Ronald T. Kitt,	Jr.	4	Treasurer Name Ronald T. Kitt, Jr.					
18 Pier Marketplace, Unit A			Street Address 18 Pier Marketplace, Unit A					
^{City} Narragansett	State RI	^{Zip} 02882	City Nari	ragansett	State R	II 02882		
List ALL directors (names and ac	tdresses)			Check the	box to indica	ate an attachment		
Director Name Director Name								
Street Address			Street Address					
City	State	Zip	City		State	Zıp		
Director Name Director Name								
Street Address			Street Address					
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City	State	Zip	City		State	Zip		
9. Shares Authorized	10. Shares Issued			Check the box to indicate an attachment				
This information is currently of recor	rd in the	NUMBER OF SI	HARES	C. ASS/SFF	Ī	PAR VALUE		
Department of State.		100		Common		\$.01		
Changes require an additional filing.								
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 Date								
Ronald T. Kitt, Jr., President								
Signature of Authorized Representative FILED								
MAIL TO:				MAY 9 A 200F				

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