



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

Annual Report for the year: 2020
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 35789		2. Exact name of the Corporation K & G REMODELING, INC.			
3. Principal Office Address 67 Mountindale Road			City Smithfield	State RI	Zip 02917
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island COMMERCIAL AND RESIDENTIAL REMODELING			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name GARY ALIX			Vice-President Name KIM M. ALIX		
Street Address 67 Mountindale Road			Street Address 67 Mountindale Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name KIM M. ALIX			Treasurer Name GARY ALIX		
Street Address 67 Mountindale Road			Street Address 67 Mountindale Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name GARY ALIX			Director Name KIM M. ALIX		
Street Address 67 Mountindale Road			Street Address 67 Mountindale Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Director Name			Director Name		
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
			100		COMMON
					PAR VALUF
					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 GARY ALIX, PRESIDENT				Date February 18, 2020	
Signature of Authorized Representative <i>Gary Alix (Pres)</i>				SIGN DOCUMENT HERE FILED <i>KM</i>	

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

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