



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

**Annual Report for the year:** 2021  
**Corporation**

**MAR 1 2021 STAMP**

BY A 3132

- 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 Mountaintale 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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name GARY ALIX			Vice-President Name KIM M. ALIX		
Street Address 67 Mountaintale Road			Street Address 67 Mountaintale 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 Mountaintale Road			Street Address 67 Mountaintale Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name GARY ALIX			Director Name KIM M. ALIX		
Street Address 67 Mountaintale Road			Street Address 67 Mountaintale 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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
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. <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 GARY ALIX, PRESIDENT				Date February 16, 2021	
Signature of Authorized Representative <i>Gary Alix</i>					

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