RI SOS Filing Number: 202209287110 Date: 2/1/2022 4:00:00 PM

State of Rhode Island Department of State - Business Services Division							
Annual Report for the year		_	FEB 0 1 2022				
 → Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty Additional \$25.00 fee if form is not filed by May 31. 					67 3300 S		
Entity ID Number			_	<u> </u>			
000015062	Kent County Land Company						
Principal Office Address			City	-	State	Zip	
394 Narragansett Bay Avenue			Warwick		RI	02889	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
531390	Property Owner						
5. State of Incorporation							
Rhode Island		. <u></u>					
7. List ALL officers (names and addresses) President Name — Vice-Preside				Check the box to indicate an attachment			
I nomas Forsy	Vice-President Name Eric Ahlborg						
Street Address 394 Narragansett Bay Avenue			Street Address 394 Narragansett Bay Avenue				
^{City} Warwick	State RI	^{Z₁p} 02889	^{Cıty} Warwi		State RI	^{Z_{IP}} 02889	
Secretary Name Maryanne Bevans, Fsq.			Treasurer Name William McGillivray				
Street Address 797 Bald Hill Road			Street Address 394 Narragansett Bay Avenue				
City Wawick	State RI	^{Z₁p} 02886	^{City} Warwick		State RI	² 02889	
8. List ALL directors (names and ac Director Name			Director Name	Chec	the box to in	ndicate an attachment	
i nomas i-orsytne			Director Name Eric Ahlborg				
Street Address 394 Narragansett Bay Avenue			Street Address 394 Narragansett Bay Avenue				
City Warwick	State RI	^{Z_{ip}} 02889	City Warwi	ck	State RI	^{Zıp} 02889	
Director Name William McGillivray			Director Name John Colgan				
Street Address 394 Narragansett Bay Avenue			Street Address 394 Narragansett Bay Avenue				
^{City} Warwick	State RI	^{Zip} 02889	City Warw	ick	State RI	^{Z_{ip}} 02889	
9. Shares Authorized This information is currently of recor	rd in the	10. Shares Issu		Chec		ndicate an attachment PAR VALUE	
Department of State. Changes require an additional filling.		980			CWP \$		
11. This report must be executed o trustee, this report must be execute					poration is in t	he hands of a receiver or	
Under penalty of perjury, I declar statements, and that all statemen	re and affirm to nts contained	hat I have examine	d this report, i	ncluding any acco	ompanying so	chedules and	
Name of Authorized Representative Thomas Forsythe, President					Date 1 22		
Signature of Authorized Represent					1 112		

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

Website: www.sos.ri.gov