RI SOS Filing Number: 202327017640 Date: 1/27/2023 4:00:00 PM

State of Rhode Island Department of Sta	ivision FILED						
Annual Report for the year: 2023 Corporation			JAN 27 2023				
 → Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31. 			BY				
Entity ID Number	2. Exact name	e of the Corporation					
000015062	Kent County Land Company						
3. 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							
7 List ALL officers (names and addresses)				Check the box to indicate an attachment			
President Name Thomas Forsy	Vice-President Name Eric Ahlborg						
Street Address 394 Narragansett Bay Avenue			Street Address 394 Narragansett Bay Avenue				
^{City} Warwick	State RI	^{Zip} 02889	City Warwi		State RI	^{Žip} 02889	
Secretary Name Maryanne Bevans, F.sq.			1	Treasurer Name William McGillivray			
Street Address 797 Bald Hill Road			Street Address 394 Narragansett Bay Avenue				
City Warwick	State RI	^{Zip} 02886	City Warwick		State RI		
B. List ALL directors (names and addresses) Director Name D				Check the box to indicate an attachment Director Name			
I nomas Forsythe	Director Name Eric Ahlborg						
Street Address 394 Narragansett Bay Avenue			Street Address 394 Narragansett Bay Avenue				
City Warwick	State RI	^{Zip} 02886	^{City} Warwick		State RI	^{Zıp} 02886	
Director Name William McGillivray			Director Name John Colgan				
Street Address 394 Narragansett Bay Avenue			Street Address 394 Narragansett Bay Avenue				
City Warwick	State RI	^{Zıp} 02886	^{Crty} Warw	^{City} Warwick		^{Zip} 02886	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10 Shares Issued NUMBER OF SHARES		Check the box to indicate an attachment CLASS/SERIES PAR VALUE		
			980			\$100.00	
					CWP \$10		
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 Thomas Forsythe, President				Date 1/24/23			
Signature of Authorized Representative							
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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