



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 90104		2. Name of Corporation K & S Construction Inc.		
3. Street Address Principal Business Office 13 Benedict St.		City Riverside	State RI	Zip 02915
4. Business Phone No. 401-433-0530		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Keith DALY		Vice President Name Seth A. DALY		
Street Address 13 Benedict St.		Street Address 13 Benedict St.		
City Riverside	State RI	Zip 02915	City Riverside	State RI
Secretary Name SUSAN J. DALY		Treasurer Name Keith DALY		
Street Address 13 Benedict St.		Street Address 13 Benedict St.		
City Riverside	State RI	Zip 02915	City Riverside	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Keith DALY		Director Name		
Street Address 13 Benedict St.		Street Address		
City Riverside	State RI	Zip 02915	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
1000	NO PAR VALUE		100	NO PAR VALUE
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
100	NO PAR VALUE			

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.

Signature: Susan J. Daly Date: 2/25/08
Print or Type Name: SUSAN J. DALY
Title: Secretary

FILED	
File Date	<u>FEB 27 2008</u>
Check No.	
By:	<u>784/2</u>
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