

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 3609

### 401.222.30

### 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(ccrd)) is

subject to a penalty fee of \$25.00.  1. Corporate ID No.  145235	2. Name of Corpo KB Constru	2. Name of Corporation KB Construction & Remodeling, Inc.				
3. Street Address Principal Business Office 49 Heaton Orchard Road #49B		West Kingston	State RI	<sup>Zip</sup> 02892		
4. Business Phone No. 5. State of Incorporation Rhode Island				100 E		
<ol> <li>Brief Description of the Charac All Phases of the constru</li> </ol>	iction industry					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name Kyle Bass			Vice President Name Same			
						Street Address 49 Heaton Orchard Road #49 B
Tity West Kingston	State RI	<sup>Ζiρ</sup> 02892	City	State	Zíp	
ecretary Name Same			Treasurer Name SAME			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
3. NAMES AND ADDRESS Otrector Name	SES OF THE DIRE	CTORS: ("X" BOX FOR ATT	ACHMENT)   FILL IN Director Name	SPACES BEFORE USIN	IG ATTACHMENTS	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name	1	J	Director Name	l		
Street Address			Street Address			
Git <sub>l</sub> y	State	Zip	City	State	Zip	
). SHARES AUTHORIZEI	) )			 <i>("X" BOX FOR ATTAC</i> CTION <u>MUST</u> BE COMPLETEI		
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.			1000	common	no par	
			海洋模型 音曲点		vy másori (n. 1875), de menorie en	
This report must be execut this report must be execut  File Date  FEB 25  Check No.  By.	ED	ne corporation by an authorize corporation by the receiver	or trustee.  Under penalty of pincluding any acceptance.	perjury, I declare and affirm ompanying schedules and sure true and correct.	that I have examined this repartements, and that all statements, and that all statements.	
FOR SECRETARY O	F STATE USE ONLY		Title			