

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 2012

401.222.30Filing 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(e&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 88194	2. Name of Co Kay Cor C	2. Name of Corporation Kay Cor Contractors, Inc.				
3. Street Address Principal Business Office P.O. Box 7368			City Cumberland	State RI	_{Zip} 028 64	
4. Business Phone No. 5. State of Incorporation (401) 725-4578 Rhode Island			02004			
6. Brief Description of the Char Construction contractor	racter of Business Condi	ucled in Rhode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Herculano Salustio, Jr.			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Herculano Salustio, Jr.			
Street Address 75 Smith Street			Street Address 75 Smith Street			
City Lincoln	State RI	^{Zip} 02865	City Lincoln	State RI	^{Zip} 02865	
Secretary Name Herculano Salustio, Jr.			Treasurer Name Herculano Salustio, Jr.			
Street Address 75 Smith Street			Street Address 75 Smith Street			
Lincoln	State RI	^{Zip} 02865	City Lincoln	State RI	<i>Σφ</i> 02865	
Herculano Salustio, J		ECTORS: ("X" BOX FOR AT	TACHMENT) FILL IS Director Name	N SPACES BEFORE USIN	IG ATTACHMENTS	
Street Address 75 Smith Street			Street Address			
City Lincoln Director Name	State RI	<i>Zip</i> 02865	City	State	Zip	
			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value	
			100	Common	No Par Value	
This report must be executhis report must be executhis	uted on behalf of t	he corporation by an authorize	ed representative. If the cor trustee.	corporation is in the hand	s of a receiver or trustee,	
File Date	FILED AN 3 1 2012		including any acco	perjury, I declare and affirm ompanying schedules and state true and correct	that I have examined this report atements, and that all statements	
Check No	5176		Her Cula Print or Type Name	no Satusho,	Dage	
FOR SECRETARY OF	F STATE USE ONLY		President			