



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 2012

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. 72170		2. Name of Corporation Kalikow Yaphank Development Corp.			
3. Street Address Principal Business Office 7001 Brush Hollow Road			City Westbury	State NY	Zip 11590-1743
4. Business Phone No. 518-876-4800		5. State of Incorporation New York			
6. Brief Description of the Character of Business Conducted in Rhode Island To provide underground pipe rehabilitation services and vacuum truck services.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name EDWARD KALIKOW			Vice President Name NONE		
Street Address 7001 BRUSH HOLLOW ROAD			Street Address		
City WESTBURY	State NY	Zip 11590-1743	City	State	Zip
Secretary Name EDWARD KALIKOW			Treasurer Name NONE		
Street Address 7001 BRUSH HOLLOW ROAD			Street Address		
City WESTBURY	State NY	Zip 11590-1743	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			None		

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.

FILED

File Date	FEB 10 '2012
Check No.	By <u>mmc</u>
By:	10475
FOR SECRETARY OF STATE USE ONLY	

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 Edward Kalikow Date 2/6/12
Print or Type Name
President
Title