

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 2013

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(cord)) is subject to a penalty fee of \$25.00.

1. Corporate ID No.	7 Name of Continue View					
000516953	2. Name of Corporation Almeida's KOK Construction Corporation					
3. Street Address Principal Business Office 686 Coggeshall Street			New Bedford	State MA	<i>Zip</i> 02746	
4. Business Phone No. 774-930-6624 5. State of Incorporation Massachusetts				<u> </u>		
6. Brief Description of the Character of masonry, waterproofing and	of Business Conducted in R construction contrac	thode Island cting and sales				
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) FILL IN S	SPACES BEFORE USING	ATTACHMENTS	
President Name Michael C. Almeida			Vice President Name			
Street Address			none			
686 Coggeshall Street			Street Address			
New Bedford	State MA	^{Zip} 02746	City	State	Zip	
Secretary Name Michael C. Almeida			Treasurer Name Michael C. Almeida			
Street Address 686 Coggeshall Street			Street Address 686 Coggeshall Street			
New Bedford	State MA	^{Zip} 02746	City New Bedford	State MA	^{Zip} 02746	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT. Director Name			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name			
Michael C. Almeida Street Address			none			
686 Coggeshall Street			Street Address			
City New Bedford	State MA	^{Zip} 02746	City	State	Zip	
Director Name NONE			Director Name NONE			
Street Address			Street Address			
City	State	Zip	City	State	Zíp	
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 executed this report must be executed or	on behalf of the corp	oration by an authorize	d representative. If the co	orporation is in the hand	s of a receiver or trustee,	
one report must be encoured to	a contain of the corpo	nation by the receiver t	n dustee.			
 _			Under penalty of pe	erjury, I declare and affirm	that I have examined this report	
		FILED	including any accor contained herein ar	mpanying schedules and sta	atements, and that all statements	
File Date		FER B c 1040			2/1/2013	
ED 0 0 2013			Signature	The comments of the comments o	Date	
Check No			Michael C. Almeida			
Ву:			rrint or Type Name	Frint or Type Name		
FOR SECRETARY OF STATE USE ONLY			President			
			Title	·	Form 630 Rev. 08/08	