



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**BENEFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2014

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>90104</u>		2. Exact name of the Corporation <u>K + S Construction Inc</u>		
3. Principal office address <u>13 Benedict Street</u>		City <u>Riverside</u>	State <u>RI</u>	Zip <u>02915</u>
4. Business Phone No. <u>401-433-0530</u>		5. State of Incorporation <u>Rhode Island</u>		
6. Brief description of the character of business conducted in Rhode Island				
<b>7. LIST ALL OFFICERS &amp; DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>				
President Name <u>Keith Daly</u>		Vice-President Name <u>Seth A</u>		
Street Address <u>13 Benedict St.</u>		Street Address <u>13 Benedict St.</u>		
City <u>Riverside</u>	State <u>RI</u>	Zip <u>02915</u>	City <u>Riverside</u>	State <u>RI</u>
Secretary Name <u>Susan J. Daly</u>		Treasurer Name <u>Keith Daly</u>		
Street Address <u>13 Benedict St.</u>		Street Address <u>13 Benedict St.</u>		
City <u>Riverside</u>	State <u>RI</u>	Zip <u>02915</u>	City <u>Riverside</u>	State <u>RI</u>
Benefit Officer (if applicable)		Benefit Director (if applicable)		
Street Address		Street Address		
City	State	Zip	City	State
Director Name <u>Keith Daly</u>		Director Name		
Street Address <u>13 Benedict St.</u>		Street Address		
City <u>Riverside</u>	State <u>RI</u>	Zip <u>02915</u>	City	State
<b>9. SHARES AUTHORIZED</b>		<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		

<input type="checkbox"/> Check if stock is publicly traded. 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
	<u>100</u>	<u>No Par Value</u>	

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.

File Date \_\_\_\_\_ **FILED**  
 Check No \_\_\_\_\_ **MAR 17 2014**  
 By: \_\_\_\_\_ 10962 **BY** \_\_\_\_\_  
 Signature of Authorized Representative Susan J. Daly Date 3/14/14  
 Print or Type Name of Authorized Representative Susan J. Daly