

1. Entity ID No.

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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

2. Exact name of the Corporation

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

157000	K S BU	ILDERS, INC.			
3. Principal office address PO BOX 154			City BRISTOL	State RI	Zip 02809
4. Business Phone No.			5. State of Incorporation RHODE ISLAND		
•	PMENTM, AND	s conducted in Rhode Island SALE OF REAL ESTA TING HOMES		NEW HOMES,	
LIST ALL OFFICERS (NAMES AND ADDF	RESSES) ("X" BOX FOR A			
President Name KEVIN FERRO			Vice-President Name KEVIN FERRO		
Street Address PO BOX 154			Street Address PO BOX 154		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Secretary Name KEVIN FERRO			Treasurer Name KEVIN FERRO		
Street Address PO BOX 154			Street Address PO BOX 154		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
. LIST <u>ALL</u> DIRECTORS	(NAMES AND ADD	DRESSES) ("X" BOX FOR	ATTACHMENT)		
Director Name KEVIN FERRO			Director Name		
Street Address PO BOX 154			Street Address SEC		
City BRISTOL	State RI	Zip 028109	City	State	ZIP 20 00 00 00 00 00 00 00 00 00 00 00 00
Director Name	1		Director Name	•	2
Street Address			Street Address		
City	State	Zip	City	State	Zip O8
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
· · · · · · · · · · · · · · · · · · ·			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.			100	COMMON	NO PAR
This report must be execu	ited on behalf of the this report mu	corporation by an authorize	f the corporation by the r	eceiver or trustee.	
File Date		HLED	this report includi	erjury, I declare and affirm ng any accompanying sci ents co <u>ptai</u> ned herein are	hedules and statements,
Check No		APR-0 2 2014	[lu	Til	3/3///0/
By:			Signature of Authorized Representative Date		
FOR SECRETARY OF STATE USE ONLY			KÉVIN FERRO		
Form No. 630			Print or Type Name of Authorized Representative		

Form No. 630 Revised: 01/2012