



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 2015

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. 138172		2. Exact name of the Corporation KRUEGER'S WATERPROOFING CO.,INC.			
3. Principal office address 2782 DIAMOND HILL ROAD			City CUMBERLAND	State RI	Zip 02864
4. Business Phone No. (401) 744-0887		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TO OPERATE A MASONRY AND WATERPROOFING CONTRACTING BUSINESS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name HERBERT A. KRUEGER			Vice-President Name CHRISTINE R. KRUEGER		
Street Address 2782 DIAMOND HILL ROAD			Street Address 2782 DIAMOND HILL ROAD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name HERBERT A. KRUEGER			Treasurer Name CHRISTINE R. KRUEGER		
Street Address 2782 DIAMOND HILL ROAD			Street Address 2782 DIAMOND HILL ROAD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name HERBERT A. KRUEGER			Director Name CHRISTINE R. KRUEGER		
Street Address 2782 DIAMOND HILL ROAD			Street Address 2782 DIAMOND HILL ROAD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.					

SECRETARY OF STATE
 CORPORATIONS DIV
 MAY 14 PM 2:11

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 _____
 Check No. _____
 By _____
 FOR SECRETARY OF STATE USE ONLY

FILED

MAY 14 2015

248969
 H.A

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 of Authorized Representative: *Herbert A. Krueger* Date: 01/23/2015
 Print or Type Name of Authorized Representative: **HERBERT A. KRUEGER (Pres.)**

PAID
 CR 11542