



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. 841099		2. Exact name of the Corporation KELLY'S CONSTRUCTION CORP			
3. Principal office address 14 COLONIAL ROAD APT 6			City MILFORD	State MA	Zip 01757
4. Business Phone No. (347) 350-1140			5. State of Incorporation MASSACHUSETTS		
6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION SIDING CARPENTRY					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name JOSE SAETEROS			Vice-President Name NONE		
Street Address 14 COLONIAL ROAD APT 6			Street Address		
City MILFORD	State MA	Zip 01757	City	State	Zip
Secretary Name JOSE SAETEROS			Treasurer Name JOSE SAETEROS		
Street Address 14 COLONIAL ROAD APT 6			Street Address 14 COLONIAL ROAD APT 6		
City MILFORD	State MA	Zip 01757	City MILFORD	State MA	Zip 01757
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name JOSE SAETEROS			Director Name NONE		
Street Address 14 COLONIAL ROAD APT 6			Street Address		
City MILFORD	State MA	Zip 01757	City	State	Zip
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			0.00	STK	1.00

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2015 AUG 21 AM 8:31

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

8:34 AM
FILED

AUG 21 2015

By 255029

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

Date

JOSE SAETEROS

Print or Type Name of Authorized Representative

7-1-15

KM