

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 0015900 Annual Report for the year: 1994
Name of Business Entity: J. E. KISELICA, INC.

Business entity organized under the laws of the State of: RI

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

n/a

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

20 Wagner Road

Westerly, RI 02891

Phone: (401) 322-1681

Business Entity is (check one):

- ☒ Business Corporation (See RIGL Chapter 7-1.1)
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Joseph E. Kiselica, President

20 Wagner Road

Westerly, RI 02891

Brief statement of the character of business conducted in Rhode Island:

General Contracting

Date of Organization: 3/26/84

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
☐ CHIEF EXECUTIVE OFFICER OR ☐ PRESIDENT (Check One)			
<u>Joseph E. Kiselica</u>	<u>20 Wagner Road,</u>	<u>Westerly, RI</u>	<u>02891</u>
☐ CHIEF OPERATING OFFICER OR ☐ VICE PRESIDENT (Check One)			
<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
☐ CUSTODIAN OF RECORDS OR ☐ SECRETARY (Check One)			
<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
☐ CHIEF FINANCIAL OFFICER OR ☐ TREASURER (Check One)			
<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Joseph E. Kiselica</u>	<u>20 Wagner Road,</u>	<u>Westerly, RI</u>	<u>02891</u>
<u>NAME</u>	<u>STREET ADDRESS</u>	<u>CITY/STATE</u>	<u>ZIP CODE</u>
<u>NAME</u>	<u>STREET ADDRESS</u>	<u>CITY/STATE</u>	<u>ZIP CODE</u>

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	<u>500</u>	NUMBER	<u>500</u>
CLASS	<u>Common</u>	CLASS	<u>Common</u>
SERIES		SERIES	
PAR VALUE OR WITHOUT PAR	<u>No Par Value</u>	PAR VALUE OR WITHOUT PAR	<u>No Par Value</u>

Date 2-4, 19 94

By

Joseph E. Kiselica
PRINT OR TYPE NAME OF OFFICER SIGNING
President
TITLE OF OFFICER SIGNING

FILED

FEB 15 1994

Form 31 1/94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

MICHAEL J. KISELICA, ESQ.
200 CENTREVILLE ROAD
WARWICK RI 02886