



**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**

2016

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 St.</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 <u>* We Install and refinish hardwood Floors</u>							
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>							
President Name <u>Keith Daly</u>		Vice-President Name <u>Seth A. 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>			
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>			
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>							
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			
Director Name		Director Name					
Street Address		Street Address					
City	State	Zip	City	State			
<b>9. SHARES AUTHORIZED</b>					<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
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 <u>100 no Par value</u>	CLASS/SERIES	PAR VALUE

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**

FEB 16 2016

By KL11680

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.

Susan J. Daly  
Signature of Authorized Representative

2/8/16  
Date

SUSAN J. DALY  
Print or Type Name of Authorized Representative