



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

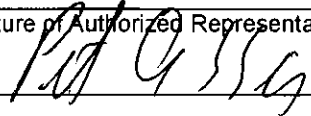
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RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV.  
2016 MAY 27 AM 9:51

Profit Corporation Annual Report for the year: 2016

Filing period: January 1 - March 1

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                                  |                    |                          |                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------------------------------------------|--------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------|
| 1. Entity ID Number<br><b>36215</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |                    | 2. Exact name of the Corporation<br><b>KING CONSTRUCTION INC</b> |                    |                          |                                                                                                                   |
| 3. Principal Office Address<br><b>35A LARK INDUSTRIAL PARKWAY</b>                                                                                                                                                                                                                                                                                                                                                                                                |                    | City<br><b>SMITHFIELD</b>                                        | State<br><b>RI</b> | Zip<br><b>02828</b>      |                                                                                                                   |
| 4. Business Phone Number<br><b>401-641-4448</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |                    | 5. State of Incorporation                                        |                    |                          |                                                                                                                   |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>CONSTRUCTION</b>                                                                                                                                                                                                                                                                                                                                                               |                    |                                                                  |                    |                          |                                                                                                                   |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                   |                    |                                                                  |                    |                          |                                                                                                                   |
| President Name<br><b>PETER KING</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |                    | Vice-President Name                                              |                    |                          |                                                                                                                   |
| Street Address<br><b>36 GEORGE WASHINGTON HIGHWAY</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                    | Street Address                                                   |                    |                          |                                                                                                                   |
| City<br><b>CLAYVILLE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         | State<br><b>RI</b> | Zip<br><b>02815</b>                                              | City               | State                    | Zip                                                                                                               |
| Secretary Name                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    | Treasurer Name                                                   |                    |                          |                                                                                                                   |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    | Street Address                                                   |                    |                          |                                                                                                                   |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State              | Zip                                                              | City               | State                    | Zip                                                                                                               |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                  |                    |                                                                  |                    |                          |                                                                                                                   |
| Director Name                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    | Director Name                                                    |                    |                          |                                                                                                                   |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    | Street Address                                                   |                    |                          |                                                                                                                   |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State              | Zip                                                              | City               | State                    | Zip                                                                                                               |
| 9. Shares Authorized                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                                  |                    |                          | 10. Shares Issued <span style="float: right;">Check box to indicate an attachment <input type="checkbox"/></span> |
| This information is currently of record in the Department of State.<br>Changes require an additional filing.                                                                                                                                                                                                                                                                                                                                                     |                    | NUMBER OF SHARES                                                 | CLASS/SERIES       | PAR VALUE                |                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    | <b>600</b>                                                       |                    | <b>0</b>                 |                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                                  |                    |                          |                                                                                                                   |
| 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.<br><b>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.</b> |                    |                                                                  |                    |                          |                                                                                                                   |
| Name of Authorized Representative<br><b>PETER A. KING</b>                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                                                                  |                    | Date<br><b>5/27/2016</b> |                                                                                                                   |
| Signature of Authorized Representative<br> <span style="float: right;">SIGN DOCUMENT HERE</span>                                                                                                                                                                                                                                                                              |                    |                                                                  |                    |                          |                                                                                                                   |

FILED

MAY 27 2016

By ACC 275359  
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