RI SOS Filing Number: 201699471160 Date: 05/27/2016 4:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | **Email:** corporations@sos.ri.gov | **Website:** www.sos.ri.gov

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

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	2. Exact name of the Corporation			
36215	KING CONSTRUCTION INC			
3. Principal Office Address		City	State	Zip
35A LARK INDUSTRIAL PARKWAY		SMITHFIELD	RI	02828
4. Business Phone Number		5. State of Incorporation		
401-641-4448				

6. Brief description of the character of business conducted in Rhode Island

CONSTRUCTION

7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name PETER KING			Vice-President Name		
Street Address 36 GEORGE WASHINGTON HIGHWAY			Street Address		
City CLAYVILLE	State RI	Zip 02815	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued Check box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	600		0

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.

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.

Name of Authorized Representative	Date
PETER A. KING	5/27/2016

Signature of Authorized Representative

SIGN DOCUMENT HERE

FILED
MAY 27 2016
By AOC275359
9:51am

Form No. 630
Revised: 2016
137469-1-1119970