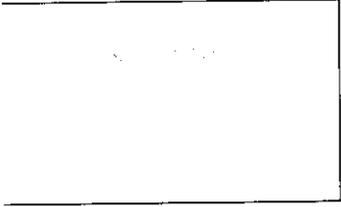




State of Rhode Island and Providence Plantations  
**Department of State – Business Services Division**



**ANNUAL REPORT FOR THE YEAR** 2017  
**Corporation**

- **Filing Period:** January 1 - March 1
- **Filing Fee:** \$50.00
- **Penalty:** Additional \$25.00 fee if form is not filed by April 1

1. Corporate ID No. <b>137646</b>		2. Name of Corporation <b>Korel Construction, Inc.</b>			
3. Street Address Principal Business Office <b>One Harry Street</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02907</b>
4. NAICS Code <b>23</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>Conduct a construction business.</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Andre B. LeBlanc</b>			Vice President Name <b>James J. Bannon</b>		
Street Address <b>One Harry Street</b>			Street Address <b>One Harry Street</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02907</b>
Secretary Name <b>John F. Bannon</b>			Treasurer Name <b>Andre B. LeBlanc</b>		
Street Address <b>One Harry Street</b>			Street Address <b>One Harry Street</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02907</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			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.					
ISSUED SHARES – THIS SECTION <u>MUST</u> BE COMPLETED					
Number of Shares		Class/Series		Par Value	
<b>300 shares common stock of no par value</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.

*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

Date 1-10-17

**Andre B. LeBlanc**  
 Print or Type Name

**President**  
 Title

**FILED**   
**JAN 17 2017**

6210

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: [www.sos.ri.gov](http://www.sos.ri.gov)