



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

Annual Report for the year:
Corporation

2017

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

FILED

JAN 25 2017

BY

2495

1. Entity ID Number 108533		2. Exact name of the Corporation KURCZY CONSTRUCTION, INC.			
3. Principal Office Address 480 CAMP DIXIE ROAD			City PASCOAG	State RI	Zip 02859
4. NAICS Code 23		6. Brief description of the character of business conducted in Rhode Island TO CONSTRUCT, RENOVATE, AND IMPROVE RESIDENTIAL AND COMMERCIAL REAL ESTATE.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PETER KURCZY			Vice-President Name PETER KURCZY		
Street Address 480 CAMP DIXIE ROAD			Street Address 480 CAMP DIXIE ROAD		
City PASCOAG	State RI	Zip 02859	City PASCOAG	State RI	Zip 02859
Secretary Name PETER KURCZY			Treasurer Name PETER KURCZY		
Street Address 480 CAMP DIXIE ROAD			Street Address 480 CAMP DIXIE ROAD		
City PASCOAG	State RI	Zip 02859	City PASCOAG	State RI	Zip 02859
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name PETER KURCZY			Director Name		
Street Address 480 CAMP DIXIE ROAD			Street Address		
City PASCOAG	State RI	Zip 02859	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			2,000	COMMON/VOTING	NO PAR VALUE
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	
				1-23-17	
Signature of Authorized Representative					

NON DOCUMENT HERE