State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Corporation

IAN 21

-> 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 2 5 2017 🕥

BY 2495

1. Entity ID Number	2. Exact na	2. Exact name of the Corporation						
108533_	KURCZY	KURCZY CONSTRUCTION, INC.						
Principal Office Address			City		State	Zip		
480 CAMP DIXIE ROA	480 CAMP DIXIE ROAD			PASCOAG		02859		
4. NAICS Code	6. Brief des	cription of the char	racter of business	ter of business conducted in Rhode Island				
23	TO CONS ESTATE.	TO CONSTRUCT, RENOVATE, AND IMPROVE RESIDENTIAL AND COMMERCIAL REAL						
5. State of Incorporation	EDIALE.							
,								
RI								
7. List ALL officers (names a President Name	Vice Presiden	Check the box to indicate an attachment						
PETER KURCZY				Vice-President Name				
Street Address				PETER KURCZY Street Address				
480 CAMP DIXIE ROAD				480 CAMP DIXIE ROAD				
City	State	Zip	City					
PASCOAG	RI	02859	PASCOAG	1 *		02859		
Secretary Name			PASCOAG RI 02859 Treasurer Name					
PETER KURCZY	PETER KURCZY							
Street Address	_		Street Address					
480 CAMP DIXIE ROA: City	D State			480 CAMP DIXIE ROAD				
PASCOAG	RI	Zip 02859	City		State	Zip		
8. List ALL directors (names		02039	PASCOAG	Chaoli	RI	02859		
Director Name	and addresses)	<u></u>	Director Name		the box to ind	icate an attachment 🔲		
PETER KURCZY			250.0	•				
Street Address			Street Address	Street Address				
480 CAMP DIXIE ROAL	D							
City	State	Zip	City		State Zip			
PASCOAG	RI	02859						
Director Name			Director Name	Director Name				
Street Address		Street Address						
on out a dieso		Street Address						
City	State	Zip	City		State	Zip		
-		F	J,		Clate	الماريخ		
9. Shares Authorized		10. Shares I	ssued	Check	the box to indi	cate an attachment		
This information is currently o	f record in the	NUMBER	OF SHARES	CLASS/SERIE	s	PAR VALUE		
Department of State.			2 000	COMMENT ATOMINA				
Changes require an additional	filing.		2,000	COMMON/VOTING	-	NO PAR VALUE		
	_]	1			
11. This report must be execu	uted on behalf of the	e corporation by ar	n authorized repres	sentative. If the corpo	pration is in the	hands of a receiver or		
<u>trustee, this report must be e</u>	xecuted on behalf of	of the corporation b	by the receiver or tr	rustee.				
Under penalty of perjury, I	declare and affirm	that I have exam	ined this report, i	ncluding any accor	npanying sch	edules and		
statements, and that all sta Name of Authorized Represe	tements contained	d nerein are true a	and correct.		- ID-1-			
11-2-6					/ ~ 2	3-17		
Signature of Authorized Repr	esentative					· <u>=</u>		
		CRON DO	COMERTHE	RE		i		

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 **Website:** www.sos.ri.gov