

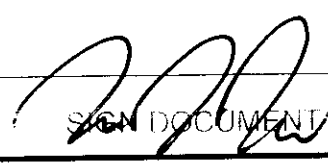


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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. Entity ID Number 001237662		2. Exact name of the Corporation Kokosing Industrial, Inc.			
3. Principal Office Address 6235 Westerville Rd.		City Westerville		State Ohio	Zip 43081
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island General contracting and related services.			
5. State of Incorporation Ohio					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Dan Walker			Vice-President Name Thomas G. Muraski		
Street Address 6235 Westerville Rd.			Street Address 6235 Westerville Rd.		
City Westerville	State OH	Zip 43081	City Westerville	State OH	Zip 43081
Secretary Name Wm. Bryce Burgett			Treasurer Name Timothy J. Freed		
Street Address 6235 Westerville Rd.			Street Address 6235 Westerville Rd.		
City Westerville	State OH	Zip 43081	City Westerville	State OH	Zip 43081
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Wm. Barth Burgett			Director Name		
Street Address 6235 Westerville Rd.			Street Address		
City Westerville	State OH	Zip 43081	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 ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			50,000 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 Timothy J. Freed					Date 2/8/17
Signature of Authorized Representative 					

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

FILED
FEB 13 2017
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