RI SOS Filing Number: 201734181160 Date: 02/15/2017 4:00 PM

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	2. Exact name of the Corporation
138172	**KRUEGER'S WATERPROOFING CO.,INC.**

3. Principal Office Address	City	State	Zip
2782 DIAMOND HILL ROAD	**CUMBERLAND**	**RI**	**02864**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
23 - Construction	**TO OPERATE A MASONRY AND WATERPROOFING CONTRACTING BUSINESS**
5. State of Incorporation: **RHODE ISLAND**	

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

President Name	Vice-President Name
HERBERT A. KRUEGER	**CHRISTINE R. KRUEGER**
Street Address: **2782 DIAMOND HILL ROAD**	Street Address: **2782 DIAMOND HILL ROAD**
City: **CUMBERLAND** State: **RI** Zip: **02864**	City: **CUMBERLAND** State: **RI** Zip: **02864**
Secretary Name: **HERBERT A. KRUEGER**	Treasurer Name: **CHRISTINE R. KRUEGER**
Street Address: **2782 DIAMOND HILL ROAD**	Street Address: **2782 DIAMOND HILL ROAD**
City: **CUMBERLAND** State: **RI** Zip: **02864**	City: **CUMBERLAND** State: **RI** Zip: **02864**

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

Director Name	Director Name
HERBERT A. KRUEGER	**CHRISTINE R. KRUEGER**
Street Address: **2782 DIAMOND HILL ROAD**	Street Address: **2782 DIAMOND HILL ROAD**
City: **CUMBERLAND** State: **RI** Zip: **02864**	City: **CUMBERLAND** State: **RI** Zip: **02864**
Director Name: **N/A**	Director Name: **N/A**
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	200	**COMMON**	**NO PAR**

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
HERBERT A. KRUEGER (PRESIDENT)	**January 19, 2017**

Signature of Authorized Representative

v Herbert A. Krueger

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

149406-5-1193694

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BY 1798 A.A.

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