	State of Rhode Island and Office of the Sec			S
HOPE	Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040			
Certificate Request I	Form			
Request Information (E	ntity Name is only required for a (	Certificate	of Non-Existence)	
ID	ENTITY NAME		CERTIFICATE	TYPE
000014156	K F S Construction, Inc.		Good Standing Certificate	
Filer's Contact Informat	ion			
(Enter a contact name, m Contact Name: <u>PAULA</u>	ailing address and email.) <u>A M SMITH</u>			
(Enter a contact name, m Contact Name: <u>PAULA</u> Business Name: <u>KFS C</u>	ailing address and email.) <u>A M SMITH</u> ONSTRUCTION, INC			
(Enter a contact name, mContact Name:PAULABusiness Name:KFS ContactNo. and Street:15 LAK	ailing address and email.) <u>A M SMITH</u> ONSTRUCTION, INC <u>KESIDE DRIVE</u>	to DI		
(Enter a contact name, mContact Name:PAULABusiness Name:KFS ContactNo. and Street:15 LAKCity or Town:JOHNS	ailing address and email.) <u>A M SMITH</u> <u>ONSTRUCTION, INC</u> <u>XESIDE DRIVE</u> <u>STON</u> Sta	te: <u>RI</u>	Zip: <u>02919</u>	Country: <u>USA</u>
(Enter a contact name, mContact Name:PAULABusiness Name:KFS ContactNo. and Street:15 LAKCity or Town:JOHNSContact Phone:(401) 9	ailing address and email.) <u>A M SMITH</u> <u>ONSTRUCTION, INC</u> <u>XESIDE DRIVE</u> <u>STON</u> Sta <u>49-2033</u> ext:	.te: <u>RI</u>	Zip: <u>02919</u>	Country: <u>USA</u>
(Enter a contact name, mContact Name:PAULABusiness Name:KFS CONo. and Street:15 LAKCity or Town:JOHNSContact Phone:(401) 9Contact Email:PSMIT	ailing address and email.) <u>A M SMITH</u> <u>ONSTRUCTION, INC</u> <u>XESIDE DRIVE</u> <u>STON</u> Sta <u>49-2033</u> ext: <u>H8975@AOL.COM</u>	—		
(Enter a contact name, mContact Name:PAULABusiness Name:KFS ContactNo. and Street:15 LAKCity or Town:JOHNSContact Phone:(401) 9Contact Email:PSMITPlease provide an email	ailing address and email.) <u>A M SMITH</u> <u>ONSTRUCTION, INC</u> <u>XESIDE DRIVE</u> <u>STON</u> Sta <u>49-2033</u> ext:	ted respo	nse from us if the	
(Enter a contact name, mContact Name:PAULABusiness Name:KFS ContactNo. and Street:15 LAKCity or Town:JOHNSContact Phone:(401) 9Contact Email:PSMITPlease provide an email	ailing address and email.) <u>A M SMITH</u> <u>ONSTRUCTION, INC</u> <u>XESIDE DRIVE</u> <u>STON</u> Sta <u>49-2033</u> ext: <u>H8975@AOL.COM</u> I address to receive an expedi	ted respo	nse from us if the	
(Enter a contact name, mContact Name:PAULABusiness Name:KFS ContactNo. and Street:15 LAKCity or Town:JOHNSContact Phone:(401) 9Contact Email:PSMITPlease provide an email	ailing address and email.) <u>A M SMITH</u> <u>ONSTRUCTION, INC</u> <u>XESIDE DRIVE</u> <u>STON</u> Sta <u>49-2033</u> ext: <u>H8975@AOL.COM</u> I address to receive an expedi	ted respo	nse from us if the	
(Enter a contact name, mContact Name:PAULABusiness Name:KFS ContactNo. and Street:15 LAKCity or Town:JOHNSContact Phone:(401) 9Contact Email:PSMITPlease provide an email	ailing address and email.) <u>A M SMITH</u> <u>ONSTRUCTION, INC</u> <u>XESIDE DRIVE</u> <u>STON</u> Sta <u>49-2033</u> ext: <u>H8975@AOL.COM</u> I address to receive an expedi	ted respo	nse from us if the	
(Enter a contact name, m Contact Name:PAULA BAULABusiness Name:KFS CO No. and Street:No. and Street:15 LAK JOHNSCity or Town:JOHNS Contact Phone:Contact Phone:(401) 9 PSMITPlease provide an email for any reason.If no email	ailing address and email.) <u>A M SMITH</u> <u>ONSTRUCTION, INC</u> <u>XESIDE DRIVE</u> <u>STON</u> Sta <u>49-2033</u> ext: <u>H8975@AOL.COM</u> I address to receive an expedi	ted respo	nse from us if the	