

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 000162604		2. Exact name of the Corporation K P CONSTRUCTION, INC.			
3. Principal Office Address 69 DIVISION STREET			City MANVILLE	State RI	Zip 02838
4. Business Phone Number 401-255-6430			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION					
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name KRZYSZTOF PUZANOWSKI			Vice-President Name		
Street Address 69 DIVISION STREET			Street Address		
City MANVILLE	State RI	Zip 02838	City	State	Zip
Secretary Name KRZYSZTOF PUZANOWSKI			Treasurer Name KRZYSZTOF PUZANOWSKI		
Street Address 69 DIVISION STREET			Street Address 69 DIVISION STREET		
City MANVILLE	State RI	Zip 02838	City MANVILLE	State RI	Zip 02838
8. List ALL directors (names and addresses) Check the box to indicate an attachment					
Director Name KRZYSZTOF PUZANOWSKI			Director Name		
Street Address 69 DIVISION STREET			Street Address		
City MANVILLE	State RI	Zip 02838	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
		100		COMMON	
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 <i>Krzysztof Puzanowski</i>					Date 3/24/17
Signature of Authorized Representative KRZYSZTOF PUZANOWSKI					

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

APR 03 2017

By *2381*

FORM 630 - Revised: 05/2016