RI SOS Filing Number: 201748518950 Date: 8/16/2017 4:00:00 PM

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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year	F105 "
Corporation	_ 2017

R.I. DEPT. OF STATE BUS SVGS DIV

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

2017 AUG 16 PM 12: 1:0

→ Penalty: Additional \$25.00 for	ee if form is not fi	iled by April 1.				> 1115.40		
1. Entity ID Number	2. Exact name of	of the Corporation				1		
01298009	Kam (	os Con		ction M		nry JNC		
3. Principal Office Address			City		State	Zip		
141 Cowest	Ja TK	1,	WEST	Warwick	RI	02893		
4. NAICS Code	6. Brief descripti	ion of the characte	r of business	conducted in Rhode Isl	land			
	1,000	2001	VOV.	•				
5. State of Incorporation	Masc	onry u	001 5	<b>&gt;</b> ·				
R.I.						-		
7. List ALL officers (names and add	dresses)		T		he box to ind	licate an attachment 🔲		
President Name CRUSO L. R	amos		Vice-Presider	it Name				
Street Address	5		Street Addres					
141 Caresett	$\mathcal{D}\cup \cdots$				_			
City	State	Zip	City		State	Zip		
WCST WWWICK Secretary Name	RI	02813	Treasurer Nar		i .			
Joseph Marie			Othr	OA. LITO	talge	<b>?</b>		
Street Address			Street Addres	s				
	10	T	1410	<u>, covesett</u>	<u>、つい</u>			
City	State	Zip	City CUCST	worwick	State RI	<sup>Zip</sup> 2893		
8. List ALL directors (names and ac	idresses)				he box to ind	licate an attachment		
Director Name			Director Name	<del>)</del>				
Street Address			Street Address	s				
City	State	Zip	City		State	7:0		
Oily	June	Zip	City		State	Zip		
Director Name	l	_ <u> </u>	Director Name	)	. <b>.l</b> .	J		
Street Address S			Street Address	Street Address				
City	lei-i-		0.3		Touris .	I-p.		
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Issue		Check th	ne box to ind	icate an attachment 🔲		
This information is currently of recor Department of State.	d in the	NUMBER OF SH	ARES	CLASS/SERIES	<u> </u>	PAR VALUE		
		$\Box$		<u>~</u> .		O· 00		
Changes require an additional filing.								
11. This report must be executed or	n behalf of the con	poration by an auti	norized repres	sentative. If the corpora	ation 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								
ERUIN L. Ranios 8/15/2017								
Signature of Authorized Representative								
$\mathcal{U}\mathcal{V}$								
MAIL TO: AUG 1 6 2017								

**Division of Business Services** 

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

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