


 State of Rhode Island and Providence Plantations
 Department of State – Business Services Division
ANNUAL REPORT FOR THE YEAR 2018

Corporation

- Filing Period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1

FILED

FEB 01 2018

BY

17874

1 Corporate ID No 001661286		2 Name of Corporation Key Corporation	
3 Street Address Principal Business Office 554 Ten Rod Road		City North Kingstown	State RI
4 NAICS Code 236114		5 State of Incorporation Rhode Island	
6 Brief Description of the Character of Business Conducted in Rhode Island General contracting			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Marie J. Key		Vice President Name	
Street Address 554 Ten Rod Road		Street Address	
City North Kingstown	State RI	City	State
Zip 02852		Zip	
Secretary Name Marie J. Key		Treasurer Name Marie J. Key	
Street Address 554 Ten Rod Road		Street Address 554 Ten Rod Road	
City North Kingstown	State RI	City North Kingstown	State RI
Zip 02852		Zip 02852	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		ISSUED SHARES THIS SECTION MUST BE COMPLETED	
		Number of Shares	Class Series
		Par Value	
		100 common shares \$.01 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.

Signature

Marie J. Key

Print or Type Name

President

Title

Date

1/24/18

MAIL TO:

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