



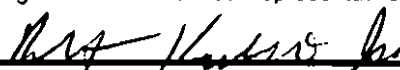
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV.

2018 FEB -8 AM 11:14

1. Entity ID Number 503851		2. Exact name of the Corporation KASABIAN CONSTRUCTION II, INC.			
3. Principal Office Address PO BOX 28124			City PROVIDENCE	State RI	Zip 02908
4. NAICS Code 84 236117		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF GENERAL CONSTRUCTION OR DEVELOPMENT, BOTH COMMERCIAL AND RESIDENTIAL			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PETER KASABIAN JR			Vice-President Name PETER KASABIAN JR		
Street Address PO BOX 28124			Street Address PO BOX 28124		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
Secretary Name PETER KASABIAN JR			Treasurer Name PETER KASABIAN JR		
Street Address PO BOX 28124			Street Address PO BOX 28124		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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.					
Name of Authorized Representative PETER KASABIAN JR					Date 2/1/18
Signature of Authorized Representative 					

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

STATE OF RHODE ISLAND **FILED**

FEB 08 2018

BY **5311 KM**

FORM 630 - Revised: 10/2017