



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2018

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>90104</u>		2. Exact name of the Corporation <u>K+S Construction Inc</u>			
3. Principal office address <u>13 Benedict St.</u>		City <u>Riverside</u>	State <u>RI</u>	Zip <u>02915</u>	
4. Business Phone No. <u>401-433-0530 (228090)</u>		5. State of Incorporation <u>Rhode Island</u>			
6. Brief description of the character of business conducted in Rhode Island <u>Hardwood Flooring, Finishing & Installation & General Contracting</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name <u>Keith Daly</u>			Vice-President Name <u>Seth A Daly</u>		
Street Address <u>13 Benedict St.</u>			Street Address <u>13 Benedict St.</u>		
City <u>Riverside</u>	State <u>RI</u>	Zip <u>02915</u>	City <u>Riverside</u>	State <u>RI</u>	Zip <u>02915</u>
Secretary Name <u>Susan J. Daly</u>			Treasurer Name <u>Keith Daly</u>		
Street Address <u>13 Benedict St.</u>			Street Address <u>13 Benedict St.</u>		
City <u>Riverside</u>	State <u>RI</u>	Zip <u>02915</u>	City <u>Riverside</u>	State <u>RI</u>	Zip <u>02915</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name <u>Keith Daly</u>			Director Name		
Street Address <u>13 Benedict St.</u>			Street Address		
City <u>Riverside</u>	State <u>RI</u>	Zip <u>02915</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
<u>100 No Par Value</u>					

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.

File Date 2/1/18

Check No 12577

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 530
Revised: 01/2012

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.

FILED
FEB 09 2018
BY 12577 DS

Signature of Authorized Representative _____ Date _____

Susan J. Daly
Print or Type Name of Authorized Representative