

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

1. Entity ID Number 001668750		2. Exact name of the Corporation S K CONSTRUCTION, INC.			
3. Principal Office Address 431 DOUGLAS PIKE			City NORTH SMITHFIELD	State RI	Zip 02896
4. NAICS Code 236110		6. Brief description of the character of business conducted in Rhode Island RESIDENTIAL BUILDING CONS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name STANISLAW J KRUPA			Vice-President Name		
Street Address 431 DOUGLAS PIKE			Street Address		
City NORTH SMITHFIELD	State RI	Zip 02896	City	State	Zip
Secretary Name STANISLAW J KRUPA			Treasurer Name STANISLAW J KRUPA		
Street Address 431 DOUGLAS PIKE			Street Address 431 DOUGLAS PIKE		
City NORTH SMITHFIELD	State RI	Zip 02896	City NORTH SMITHFIELD	State RI	Zip 02896
8. List ALL directors (names and addresses) Check the box to indicate an attachment					
Director Name STANISLAW J KRUPA			Director Name		
Street Address 431 DOUGLAS PIKE			Street Address		
City NORTH SMITHFIELD	State RI	Zip 02896	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		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		CNP
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>Stanislaw J Krupa</i>					Date
Signature of Authorized Representative STANISLAW J KRUPA					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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FORM 630 - Revised: 08/2017