RI SOS Filing Number: 201879197730 Date: 10/10/2018 4:00:00 PM

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.

A Fach ID M. ark =	12 5		Corporation						
Entity ID Number	2. Exact name of		-						
001664729 AM KING CONSTRUCTION COMPANY, LLC City State Zip									
3. Principal Office Address	Principal Office Address				ity			Zip	
1610 EAST MOREHEAD, SUITE 200					CHARLOTTE			28207	
4. NAICS Code	6 Brief descripti	6 Brief description of the character of business conducted in Rhode Island							
236200									
5. State of Incorporation									
sc	SC BUILDINGS								
7 List ALL officers (names and addresses)				Check the box to indicate an attachment					
President Name					Vice-President Name				
BRIAN KING									
Street Address				Street Address					
1610 E MOREHEAD	, STE 200								
City	State	Zip		City		State		Zip	
CHARLOTTE	NC	2	8207						
Secretary Name					Treasurer Name				
	∕ }								
Street Address	n .	Street Address							
LY00 (IX	Ma Junt	(2:2)							
Sity	State	Zip	<u> </u>	City		State		Zip	
MARROUNE		'	7~~(^(\)			İ			
8. List ALL directors (names and addresses) Check the box to indicate an attachment									
Director Name				Director Name					
Street Address				Street Address					
City	State	Zip		City		State		Zip	
	<u> </u>					1			
Director Name				Director Name					
Street Address				Street Address					
City	State	Zip		City		State	ļ	Zip	
		<u> </u>		L					
9. Shares Authorized			10. Shares Issued Chec		eck the box	ck the box to indicate an attachment			
This information is currently of record in the Department of State.			NUMBER OF SH	ARES			PAR VALUE		
			1000		COMMON		1		
Changes require an additiona	filing.		<u> </u>						
11. This report must be executed	on behalf of the co	rpora	tion by an authorized re	epresentative	. If the corporation is i	n the hand:	s of a rec	eiver or	
trustee, this report must be executed on behalf of the corporation by the receiver or trustee.									
Under penalty of perjury, I					rt, including any a	ccompar	nying sc	hedules and	
statements, and that all statements contained herein are true and correct.									
Name of Authorized Representative							Date		
Kui IV									
Signature of Authorized Represe	:filative								
BRIAN KING								<u> </u>	

MAIL TO:

Division of Business Services

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

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