



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
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

2019 JAN 25 PM 1:44

1. Entity ID Number 88194		2. Exact name of the Corporation KAY COR CONTRACTORS, INC.			
3. Principal Office Address P.O. BOX 7368			City CUMBERLAND	State RI	Zip 02864
4. NAICS Code 238910		6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION CONTRACTOR EXCAVATION AND SITE WORK			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name HERCULANO SALUSTIO, JR.			Vice-President Name HERCULANO SALUSTIO, JR.		
Street Address 75 SMITH STREET			Street Address 75 SMITH STREET		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name HERCULANO SALUSTIO, JR.			Treasurer Name HERCULANO SALUSTIO, JR.		
Street Address 75 SMITH STREET			Street Address 75 SMITH STREET		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name HERCULANO SALUSTIO, JR.			Director Name NONE		
Street Address 75 SMITH STREET			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
Director Name NONE			Director Name NONE		
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 HERCULANO SALUSTIO, JR.					Date 1/4/19
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

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

FILED

JAN 25 2019

BY  57129

FORM 630 - Revised: 10/2017