

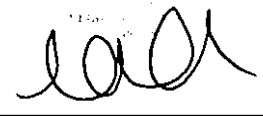


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

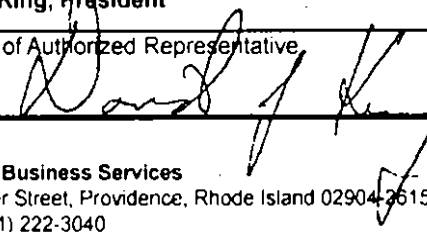
FILED

FEB 11 2019

Annual Report for the year: 2019
 Corporation _____

BY 20945


- 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 107471		2. Exact name of the Corporation DOSCH-KING COMPANY, INC.			
3. Principal Office Address 16 Troy Hills Road			City Whippany	State NJ	Zip 07981
4. NAICS Code 237310		6. Brief description of the character of business conducted in Rhode Island Road construction			
5. State of Incorporation NEW JERSEY					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David J. King			Vice-President Name None		
Street Address 16 Troy Hills Road			Street Address		
City Whippany	State NJ	Zip 07981	City	State	Zip
Secretary Name Jeff D. King			Treasurer Name Brian C. King		
Street Address 16 Troy Hills Road			Street Address 16 Troy Hills Road		
City Whippany	State NJ	Zip 07981	City Whippany	State NJ	Zip 07981
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David J. King			Director Name Brian C. King		
Street Address 16 Troy Hills Road			Street Address 16 Troy Hills Road		
City Whippany	State NJ	Zip 07981	City Whippany	State NJ	Zip 07981
Director Name Jeff D. King			Director Name Peter G. King		
Street Address 16 Troy Hills Road			Street Address 16 Troy Hills Road		
City Whippany	State NJ	Zip 07981	City Whippany	State NJ	Zip 07981
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	
		221		non-voting common	
		10		voting common	
		PAR VALUE		100.00	
				100.00	
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 David J. King, President					Date 2/4/19
Signature of Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-3615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov