

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

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 SECRETARY OF STATE
 CORPORATIONS DIV

2019 JUN 10 AM 8:34

1. Entity ID Number 000162604		2. Exact name of the Corporation K P CONSTRUCTION, INC.			
3. Principal Office Address 69 DIVISION STREET			City MANVILLE	State RI	Zip 02838
4. NAICS Code 236110		6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name KRZYSZTOF PUZANOWSKI			Vice President Name STMT		
Street Address 69 DIVISION STREET			Street Address		
City MANVILLE	State RI	Zip 02838	City	State	Zip
Secretary Name KRZYSZTOF PUZANOWSKI			Treasurer Name KRZYSZTOF PUZANOWSKI		
Street Address 69 DIVISION STREET			Street Address 69 DIVISION STREET		
City MANVILLE	State RI	Zip 02838	City MANVILLE	State RI	Zip 02838
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name KRZYSZTOF PUZANOWSKI			Director Name		
Street Address 69 DIVISION STREET			Street Address		
City MANVILLE	State RI	Zip 02838	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 <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
		1000		COMMON	0
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>Krzysztof Puzanowski</i>					Date 6/10/19
Signature of Authorized Representative KRZYSZTOF PUZANOWSKI					

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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