

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

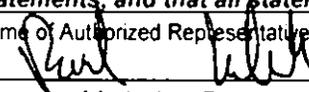
FILED

APR 06 2020

BY 2427


Annual Report for the year: 2020
 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 001660415		2. Exact name of the Corporation KALATA CONSTRUCTION, INC.					
3. Principal Office Address 146 BAYBERRY ROAD				City WOONSOCKET		State RI	Zip 02895
4. NAICS Code 236110		6. Brief description of the character of business conducted in Rhode Island RESIDENTIAL CONSTRUCTION					
5. State of Incorporation RI							
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name PAWEL KALATA			Vice-President Name PAWEL KALATA				
Street Address 146 BAYBERRY ROAD			Street Address 146 BAYBERRY ROAD				
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895		
Secretary Name PAWEL KALATA			Treasurer Name PAWEL KALATA				
Street Address 146 BAYBERRY ROAD			Street Address 146 BAYBERRY ROAD				
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895		
8. List ALL directors (names and addresses) Check the box to indicate an attachment							
Director Name PAWEL KALATA			Director Name				
Street Address 146 BAYBERRY ROAD			Street Address				
City WOONSOCKET	State RI	Zip 02895	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	PAR VALUE	
			100		CNP	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 					Date 03/11/2020		
Signature of Authorized Representative -PAWEL KALATA							

MAIL TO:

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