RI SOS Filing Number: 202190522340 Date: 2/9/2021 4:00:00 PM

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

Annual Report for the year: 2021
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
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 FEB -9 A 11:36

1 Entity ID Number	2 Exact name of the Corporation
000503851	KASABIAN CONSTRUCTION II, INC.

3. Principal Office Address	City	State	Zip
PO BOX 28124	PROVIDENCE	RI	02908

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
236117	TO ENGAGE IN THE BUSINESS OF GENERAL CONSTRUCTION OR DEVELOPMENT, BOTH COMMERCIAL AND RESIDENTIAL
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: PETER KASABIAN JR			Vice-President Name: PETER KASABIAN JR		
Street Address: PO BOX 28124			Street Address: PO BOX 28124		
City: PROVIDENCE	State: RI	Zip: 02908	City: PROVIDENCE	State: RI	Zip: 02908
Secretary Name: PETER KASABIAN JR			Treasurer Name: PETER KASABIAN JR		
Street Address: PO BOX 28124			Street Address: PO BOX 28124		
City: PROVIDENCE	State: RI	Zip: 02908	City: PROVIDENCE	State: RI	Zip: 02908

8 List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: NONE			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	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	COMMON	NONE

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
PETER KASABIAN JR	

Signature of Authorized Representative: Peter Kasabian Jr.

SIGN DOCUMENT **FILED**

FEB 09 2021

BY Ck Ch# 6413
11:36

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

FORM 630 - Revised: 10/2017