RI SOS Filing Number: 202192108740 Date: 2/17/2021 4:00:00 PM

Department of	Division		5-2 5 n	c⇒∞·♀▼∧ NAD			
Annual Report for the year: 2021 Corporation			_	P A IVIP			
 → Filing period: January 1 - March 1 → Filing Fee. \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1. 				FEB 1 7 2021 OV			
				av <u> </u>	49,	2 2	
1. Entity ID Number 107471		Exact name of the Corporation Dosch-King Company, Inc.					
Principal Office Address		, , , , , , , , , , , , , , , , , , ,	City		State	Zıp	
16 Troy Hills Road			Whippany	•		07981	
4. NAICS Code	6. Brief descrip	otion of the charac	ter of business co	onducted in Rhode Isla	ind		
237310	Road Constru	Road Construction					
5. State of Incorporation NEW JERSEY							
7. List ALL officers (names and	i adoresses)				e box to in	dicate an attachment	
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	^{Z₁p} 07981	
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	^{Z₁p} 07981	
List ALL directors (names and addresses)			Check the box to indicate an attachment				
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			Oirector Name	Oirector Name Peter G. King			
Street Address 16 Troy Hills Road			Street Address 16 Troy Hills Road				
^{City} Whippany	State NJ	Zip 07981	City Whippa	ny	State NJ	Zip 07981	
9. Shares Authorized This information is currently of	racord in the	10. Shares Iss		Check th	e box to ir	ndicate an attachment PAR VALUE	
This information is currently of record in the Department of State. Changes require an additional filing.		221	V25	non-voting common 100.00			
		10		voting common		100.00	
11. This report must be execut trustee, this report must be ex					ition is in t	he hands of a receiver or	
Under penalty of perjury, I d	eclare and affirm ti	hat I have examin	ed this report, is		anying s	chedules and	
statements, and that all statements contained herein are true and co Name of Authorized Representative					Date		
David J. King, President		2-10-21					
Signature of Authorized Repre	esentative						
MAIL TO:	a						

MAIL TO

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov