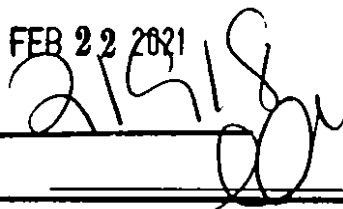


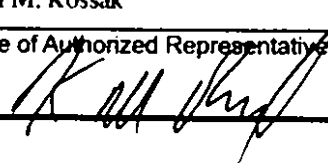
State of Rhode Island
Department of State - Business Services Division

FILED

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.

FEB 22 2021
BY 

1. Entity ID Number 41187		2. Exact name of the Corporation Kenko Builders, Inc.					
3. Principal Office Address 87 Kerr Road		City Portsmouth		State RI	Zip 02871		
4. NAICS Code 236117		6. Brief description of the character of business conducted in Rhode Island General construction including commercial, residential and subdivision development.					
5. State of Incorporation RI							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name Kenneth M. Kossak			Vice-President Name				
Street Address 87 Kerr Road			Street Address				
City Portsmouth	State RI	Zip 02871	City	State	Zip		
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name Kenneth M. Kossak			Director Name				
Street Address (Same as above)			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 <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
			2,000		Common	No par value	
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 Kenneth M. Kossak					Date 2-18-21		
Signature of Authorized Representative 							

MAIL TO:
Division of Business Services
149 W. River Street, Providence, Rhode Island 02904-2616