RI SOS Filing Number: 202193430570 Date: 3/1/2021 4:00:00 PM

State of Rhode Island

## **Department of State - Business Services Division**

ELED

Annual	Report for	r the <del>'y</del> ear: '
_		

Corporation

2021

MAR 0 1 2021

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by April 1.

Entity ID Number	2. Exact name of the Corporation							
000108533	KURCZY CONSTRUCTION, INC.							
3. Principal Office Address			City		State	Zip		
480 CAMP DIXIE ROAD			PASCOAG		RI	02859		
4. NAICS Code	6 Brief descri	ption of the charac	cter of business of	r of business conducted in Rhode Island				
236115	TO CONSTRUCT, RENOVATE, AND IMPROVE RESIDENTIAL AND COMMERCIAL REAL ESTATE.							
5 State of Incorporation	1							
RHODE ISLAND	<u> </u>							
7 List ALL officers (names and addresses)  Check the box to indicate an attachment								
President Name			Vice-President Name					
PETER KURCZY				PETER KURCZY				
Street Address			Street Address					
480 CAMP DIXIE ROAD	Tour			480 CAMP DIXIE ROAD  City State Zip				
City	State	Zip 02859	City		RI	02859		
PASCOAG	RI	02859	Treasurer Nam					
Secretary Name PETER KURCZY			•	PETER KURCZY				
Street Address	·····	<del></del>	Street Address					
480 CAMP DIXIE ROAD			l.	480 CAMP DIXIE ROAD				
City	State	Zip	City		State	Zip		
PASCOAG	RI	02859	PASCOAG		RI	02859		
8. List ALL directors (names and a	ddresses)			Check t	he box to ind	icate an attachment		
Director Name			Director Name	ı				
PETER KURCZY								
Street Address			Street Address	Street Address				
480 CAMP DIXIE ROAD					State	Zip		
City	State	Zip	City		State	Lip		
PASCOAG	RI	02859	Director Name		<u> </u>			
Director Name			Director Name	•				
Street Address			Street Address	Street Address				
<u> </u>					State	7 <sub>IP</sub>		
City	State	Zip	City		State	į z ip		
9. Shares Authorized		10. Shares Issued Check		Check t	k the box to indicate an attachment			
This information is currently of record in the NUMBER C								
Department of State.						NO DAD VALUE		
Channes service on additional filing			2,000	COMMON/VOTING		NO PAR VALUE		
Changes require an additional filing	•							
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 execut	ed on behalf of	the corporation by	y the receiver or tr	u <u>stee.                                   </u>				
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying scriedules and								
statements, and that all statements contained herein are true and correct.								
Name of Authorized Representative					Date			
PETER KURCZY		1/18/2021						
Signature of Authorized Represent	tative			<del>_</del>				
1/2C/								

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: 08/2020