



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2021

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>90104</u>		2. Exact name of the Corporation <u>K+S Construction Inc.</u>	
3. Principal office address <u>13 Benedict St.</u>		City <u>Riverside</u>	State <u>RI</u>
4. Business Phone No. <u>401-433-0530</u>		5. State of Incorporation <u>Rhode Island</u>	
6. Brief description of the character of business conducted in Rhode Island <u>Floor Refinishing & Installation # 238990</u>			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name <u>Keith Daly</u>		Vice-President Name <u>Seth A Daly</u>	
Street Address <u>13 Benedict St.</u>		Street Address <u>13 Benedict St.</u>	
City <u>Riverside</u>	State <u>RI</u>	City <u>Riverside</u>	State <u>RI</u>
Zip <u>02915</u>		Zip <u>02915</u>	
Secretary Name <u>Susan J Daly</u>		Treasurer Name <u>Keith Daly</u>	
Street Address <u>13 Benedict St.</u>		Street Address <u>13 Benedict St.</u>	
City <u>Riverside</u>	State <u>RI</u>	City <u>Riverside</u>	State <u>RI</u>
Zip <u>02915</u>		Zip <u>02915</u>	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
Director Name <u>Keith Daly</u>		Director Name	
Street Address <u>13 Benedict St.</u>		Street Address	
City <u>Riverside</u>	State <u>RI</u>	City	State
Zip <u>02915</u>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES
		<u>100 No Par Value</u>	

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.

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

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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.

Susan J Daly
Signature of Authorized Representative Date _____
Susan J Daly
Print or Type Name of Authorized Representative