



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

2023

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. 90104 | | 2. Exact name of the Corporation K+S Construction Inc | |
| 3. Principal office address 13 Benedict St. | | City Riverside | State RI |
| | | Zip 02915 | |
| 4. Business Phone No. | | 5. State of Incorporation Rhode Island | |
| 6. Brief description of the character of business conducted in Rhode Island Hardwood Floor refinishing, installation + repairs (238990) | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | |
| President Name Keith Daly | | Vice-President Name Seth A Daly | |
| Street Address 13 Benedict St | | Street Address 13 Benedict St | |
| City Riverside | State RI | City Riverside | State RI |
| Zip 02915 | | Zip 02915 | |
| Secretary Name Susan J. Daly | | Treasurer Name Keith Daly | |
| Street Address 13 Benedict St. | | Street Address 13 Benedict St. | |
| City Riverside | State RI | City Riverside | State RI |
| Zip 02915 | | Zip 02915 | |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | |
| Director Name Keith Daly | | Director Name | |
| Street Address 13 Benedict St | | Street Address | |
| City Riverside | State RI | City | State |
| Zip 02915 | | 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) <input type="checkbox"/> | |
| 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 |
| | | PAR VALUE | |
| | | 100 no par value | |

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 |

FEB 17 2023

BY **[Signature]**

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.

Signature of Authorized Representative

Date

SUSAN J. DALY

Print or Type Name of Authorized Representative