



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP

RECEIVED
SECRETARY OF STATE
R.I. DEPT. OF STATE
BUS SVCS DIV

2023 FEB 21 A 10:22

1. Entity ID Number 001661286		2. Exact name of the Corporation Key Corporation			
3. Principal Office Address 170 Fiore Industrial Drive			City Wakefield	State RI	Zip 02879
4. NAICS Code 236116		6. Brief description of the character of business conducted in Rhode Island General contracting			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Marie J. Key			Vice-President Name		
Street Address 170 Fiore Industrial Drive			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name Marie J. Key			Treasurer Name Marie J. Key		
Street Address 170 Fiore Industrial Drive			Street Address 170 Fiore Industrial Drive		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			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
			100 Common with 0.01 Par		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.					
<i>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.</i>					
Name of Authorized Representative Marie J. Key				Date 2/9/23	
Signature of Authorized Representative <i>Marie J. Key</i>					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY ML W37P5