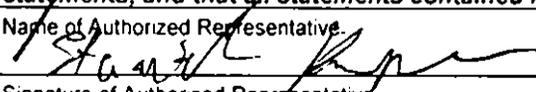


State of Rhode Island
 Department of State - Business Services Division

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.

FILED
MAR 16 2023
 BY 103 DS

1. Entity ID Number 001668750		2. Exact name of the Corporation S K CONSTRUCTION INC			
3. Principal Office Address 431 DOUGLAS PIKE			City NORTH SMITHFIELD	State RI	Zip 02896
4. NAICS Code 236110		6. Brief description of the character of business conducted in Rhode Island RESIDENTIAL BUILDING CONS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name STANISLAW J KRUPA			Vice-President Name		
Street Address 431 DOUGLAS PIKE			Street Address		
City NORTH SMITHFIELD	State RI	Zip 02896	City	State	Zip
Secretary Name STANISLAW J KRUPA			Treasurer Name STANISLAW J KRUPA		
Street Address 431 DOUGLAS PIKE			Street Address 431 DOUGLAS PIKE		
City NORTH SMITHFIELD	State RI	Zip 02896	City NORTH SMITHFIELD	State RI	Zip 02896
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name STANISLAW J KRUPA			Director Name		
Street Address 431 DOUGLAS PIKE			Street Address		
City NORTH SMITHFIELD	State RI	Zip 02896	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 100		CLASS/SERIES CNP	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 					Date 3/14/23
Signature of Authorized Representative STANISLAW J KRUPA					

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