



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 2023 MAR 23 P 2:56

1. Entity ID Number <u>060841099</u>		2. Exact name of the Corporation <u>Kellys Construction Corp.</u>				
3. Principal Office Address <u>42 west ST</u>		City <u>Milford</u>		State <u>Ma</u>	Zip <u>01757.</u>	
4. NAICS Code <u>238160</u>		6. Brief description of the character of business conducted in Rhode Island <u>CONSTRUCTION</u>				
5. State of Incorporation <u>MA.</u>						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name <u>Jose Saeteros.</u>			Vice-President Name			
Street Address <u>56 cape Rd</u>			Street Address			
City <u>Mendon</u>	State <u>Ma</u>	Zip <u>01756</u>	City	State	Zip	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
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	PAR VALUE		
		<u>0</u>	<u>STK</u>	<u>0</u>		
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 <u>Jose Saeteros</u>					Date <u>M3 FILED 300</u>	
Signature of Authorized Representative 						

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

MAR 28 2023
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