



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2019
 Corporation

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

RECEIVED
 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 Sateros</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 Sateros</u> | | | | Date | |
| Signature of Authorized Representative | | | | MA FILED MAR 23 2023 BY <u>D. G. H. G.</u> | |

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