



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2018  
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 2:54

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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <u>Jose Saelemos</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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
This information is currently of record in the Department of State.  Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><u>0</u></td> <td><u>STK</u></td> <td><u>0</u></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<u>0</u>	<u>STK</u>	<u>0</u>			
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<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. <b>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.</b>														
Name of Authorized Representative <u>Jose Saelemos</u>					Date									
Signature of Authorized Representative <u>[Signature]</u>														

MAILED  
MAR 23 2023  
BY D. G. H. B.

MAIL TO:  
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