



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
MAY 24 2023
BY [Signature]

1. Entity ID Number 000000142		2. Exact name of the Corporation A & K Construction Co., Inc.			
3. Principal Office Address 120-A Scituate Ave			City Johnston	State RI	Zip 02919
4. NAICS Code 238110		6. Brief description of the character of business conducted in Rhode Island All phases of the construction industry, including building and excavation			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Fuoco			Vice-President Name David Fuoco		
Street Address 120 A Scituate Ave			Street Address 120A Scituate Ave		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
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 David Fuoco			Director Name		
Street Address 120 A Scituate Ave			Street Address		
City Johnston	State RI	Zip 02919	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	
		500		common	
				PAR VALUE	
				\$0	
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 David Fuoco				Date 5/21/23	
Signature of Authorized Representative <u>[Signature]</u>					