

REC'D RIDGSD BSD
24 FEB 8 AM 10:21:06



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2024
Corporation

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

1. Entity ID Number 000329762		2. Exact name of the Corporation K-Cor Construction, Inc.			
3. Principal Office Address 1266 E. Main Rd			City Middletown	State RI	Zip 02842
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island Residential building and remodeling			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kevin S. Coristine		Vice-President Name "same"			
Street Address 1266 E. Main Rd,		Street Address			
City Middletown	State RI	Zip 02842	City	State	Zip
Secretary Name "same"		Treasurer Name "same"			
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 Kevin S. Coristine		Director Name n/a			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name n/a		Director Name n/a			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES		CLASS OF SHARES	
		1000		\$1.00	
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 Kevin S. Coristine				Date 2/7/2024	
Signature of Authorized Representative 					

FILED

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

FEB 8 2024
BY B6H46 10:25
AK