




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.

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

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 221-3040

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