



State of Rhode Island
Department of State - Business Services Division

FILED

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.

FEB 22 2024

BY

14838

1. Entity ID Number 90104		2. Exact name of the Corporation K+S Construction Inc	
3. Principal Office Address 13 Benedict St		City Riverside	State RI
		Zip 02915	
4. NAICS Code 238990	6. Brief description of the character of business conducted in Rhode Island Handwood Floor Installation & Refinishing		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Keith DALY		Vice-President Name Seth A DALY	
Street Address 13 Benedict St		Street Address 13 Benedict St	
City Riverside	State RI	City Riverside	State RI
Zip 02915		Zip 02915	
Secretary Name SUSAN J. DALY		Treasurer Name Keith DALY	
Street Address 13 Benedict St		Street Address 13 Benedict St	
City Riverside	State RI	City Riverside	State RI
Zip 02915		Zip 02915	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Keith DALY		Director Name	
Street Address 13 Benedict St		Street Address	
City Riverside	State RI	City	State
Zip 02915		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
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 100 No par value	CLASS/SERIES PAR VALUE
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 SUSAN J. DALY		Date 2/19/24	
Signature of Authorized Representative 			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov