State of Rhode Island
Department of State - Business Services Division

FILED
FEB 22 2024
BY 14838

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	2. Exact name of the Corporation		
90104	K+S Construction Inc		
3. Principal Office Address	City	State	Zip
13 Benedict St.	Riverside	RI	02915
4. NAICS Code 238990	6. Brief description of the character of business conducted in Rhode Island		
5. State of Incorporation Rhode Island	Handwood Floor Installation & Refinishing		

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Keith DAly	Seth A DAly
Street Address: 13 Benedict St.	Street Address: 13 Benedict St.
City: Riverside State: RI Zip: 02915	City: Riverside State: RI Zip: 02915
Secretary Name	**Treasurer Name**
SUSAN J. DAly	Keith DAly
Street Address: 13 Benedict St.	Street Address: 13 Benedict St.
City: Riverside State: RI Zip: 02915	City: Riverside State: RI Zip: 02915

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Keith DAly	
Street Address: 13 Benedict St.	Street Address:
City: Riverside State: RI Zip: 02915	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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100 No Par	Class	

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	Date
SUSAN J. DAly	2/19/24

Signature of Authorized Representative: Susan J Daly

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

FORM 630- Revised: 12/2023