



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.

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FOR  
SECRETARY OF STATE  
USE ONLY

1. Entity ID Number 000503851		2. Exact name of the Corporation KASABIAN CONSTRUCTION II, INC.			
3. Principal Office Address PO BOX 28124		City PROVIDENCE		State RI	Zip 02908
4. NAICS Code 236117		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF GENERAL CONSTRUCTION OR DEVELOPMENT, BOTH COMMERCIAL AND RESIDENTIAL			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name PETER KASABIAN JR			Vice-President Name PETER KASABIAN JR		
Street Address PO BOX 28124			Street Address PO BOX 28124		
City PROVIDENCE		State RI	Zip 02908	City PROVIDENCE	
				State RI	
				Zip 02908	
Secretary Name PETER KASABIAN JR			Treasurer Name PETER KASABIAN JR		
Street Address PO BOX 28124			Street Address PO BOX 28124		
City PROVIDENCE		State RI	Zip 02908	City PROVIDENCE	
				State RI	
				Zip 02908	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name NONE			Director Name		
Street Address			Street Address		
City		State	Zip	City	
				State	
				Zip	
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
				State	
				Zip	
9. Shares Authorized					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		COMMON		N 0.01	
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 PETER KASABIAN JR				Date 2.28.24	
Signature of Authorized Representative				FILED	
MAR 12 2024					

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

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