



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.

FILED

MAR 15 2024

BY

8145
DS

1. Entity ID Number 157000		2. Exact name of the Corporation KS Builders, Inc.			
3. Principal Office Address PO Box 154			City Bristol	State RI	Zip 02809
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Buying, development & sale of real estate, construct new homes, renovate/rehabilitate existing homes			
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 Ferro			Vice-President Name Kevin Ferro		
Street Address PO Box 154			Street Address PO Box 154		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Kevin Ferro			Treasurer Name Kevin Ferro		
Street Address PO Box 154			Street Address PO Box 154		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kevin Ferro			Director Name		
Street Address PO Box 154			Street Address		
City Bristol	State RI	Zip 02809	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			100	Common	No 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 Kevin Ferro					Date 2/22/2024
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