



State of Rhode Island  
Department of State - Business Services Division

FIELD

Annual Report for the year: 2025  
Corporation

FEB 11 2025  
BY 14965

- 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 <u>90104</u>		2. Exact name of the Corporation <u>K+S Construction Inc</u>			
3. Principal Office Address <u>13 Benedict St</u>			City <u>Riverside</u>	State <u>RI</u>	Zip <u>02915</u>
4. NAICS Code <u>238990</u>		6. Brief description of the character of business conducted in Rhode Island <u>Handwood Floor Installation &amp; Refinishing</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>Keith DALY</u>			Vice-President Name <u>Seth A DALY</u>		
Street Address <u>13 Benedict St</u>			Street Address <u>13 Benedict St</u>		
City <u>Riverside</u>	State <u>RI</u>	Zip <u>02915</u>	City <u>Riverside</u>	State <u>RI</u>	Zip <u>02915</u>
Secretary Name <u>SUSAN J. DALY</u>			Treasurer Name <u>Keith DALY</u>		
Street Address <u>13 Benedict St</u>			Street Address <u>13 Benedict St</u>		
City <u>Riverside</u>	State <u>RI</u>	Zip <u>02915</u>	City <u>Riverside</u>	State <u>RI</u>	Zip <u>02915</u>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <u>Keith DALY</u>			Director Name		
Street Address <u>13 Benedict St</u>			Street Address		
City <u>Riverside</u>	State <u>RI</u>	Zip <u>02915</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<u>100 No Par Value</u>		
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 <u>SUSAN J. DALY</u>				Date <u>2/19/24</u>	
Signature of Authorized Representative <u>Susan J Daly</u>					