

## State of Rhode Island Department of State

**Department of State - Business Services Division** 

Annual Report for the year: Limited Liability Company

-> 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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1. Entity ID Number	2. Exact name of the Limited Liability Company				
00176/685	KSB constru				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
236118	COMMERCIAL	_AND RESIDE	NTIAL		
5. State of Formation	1				
RI	CONSTRUCTION	OH .			
6. Principal Office Address		City .	State	Zip	
III BRACKET	TAVE	TIVERTON	RI	02878	
7. Mailing Address of Limited Lia	bility Company and Name or Title	of Contact Person			
Contact Nameo		Contact Title			
EDWIN A. GO	DNZALEZ			<del></del>	
Street Address 11 BRACKETT AVE		TIVERTON	State	zip) 2878	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
9. 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 Person			Date	. /	
Edwin Go	onzalez		03/10	12025	
Signature of Authorized Person-	160		•		

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MAIL TO:

**Division of Business Services** 

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

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