



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013**

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>148872</b>		2. Exact name of the Corporation <b>K &amp; J Management, Inc.</b>					
3. Principal office address <b>1 Hillcrest Avenue</b>				City <b>Greenville</b>		State <b>RI</b>	Zip <b>02828</b>
4. Business Phone No. <b>401-226-1048</b>				5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Property Management Services</b>							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name <b>Joelle L. Fournier</b>				Vice-President Name <b>Kevin A. Fournier</b>			
Street Address <b>1 Hillcrest Avenue</b>				Street Address <b>1 Hillcrest Avenue</b>			
City <b>Greenville</b>		State <b>RI</b>	Zip <b>02828</b>	City <b>Greenville</b>		State <b>RI</b>	Zip <b>02828</b>
Secretary Name <b>Joelle L. Fournier</b>				Treasurer Name			
Street Address <b>1 Hillcrest Avenue</b>				Street Address			
City <b>Greenville</b>		State <b>RI</b>	Zip <b>02828</b>	City		State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name				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				10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
				100	Common	NPV	

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.

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY

**FILED**  
 FEB 06 2013  
 647

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.  
 Signature of Authorized Representative: Joelle L. Fournier 2/2/13  
 Date  
 Print or Type Name of Authorized Representative: Joelle L. Fournier