



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. 22128		2. Exact name of the Corporation J.K.L. Engineering Co., Inc.			
3. Principal office address 155 South Main Street, Suite 300			City Providence	State RI	Zip 02903
4. Business Phone No. 401-454-1900			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Installation of heating, ventilation and air conditioning.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Antonio R. Freitas			Vice-President Name Antonio R. Freitas		
Street Address 945 Westminster Street			Street Address 945 Westminster Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Antonio R. Freitas			Treasurer Name Antonio R. Freitas		
Street Address 945 Westminster Street			Street Address 945 Westminster Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Antonio R. Freitas			Director Name		
Street Address 945 Westminster Street			Street Address		
City Providence	State RI	Zip 02903	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
			200	Common	No Par Value

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.

FILED

File Date _____

Check No _____

By: _____

FEB 08 2013

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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.

Antonio R. Freitas 2/4/13
 Signature of Authorized Representative Date

Antonio R. Freitas

Print or Type Name of Authorized Representative

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