



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2016 SEP -9 PM 2:18

1. Entity ID Number 000791043		2. Exact name of the Corporation KJB INDUSTRIES INCORPORATED	
3. Principal Office Address 49 PECK STREET		City PROVIDENCE	State RI
		Zip 02903	
4. Business Phone Number 401-683-8105		5. State of Incorporation RI	
6. Brief description of the character of business conducted in Rhode Island RESTAURANT			
7. List ALL officers (names and addresses)			Check the box to indicate an attachment <input type="checkbox"/>
President Name KEVIN JOHN BERGLUND		Vice-President Name N/A	
Street Address 66 HOWLAND AVE		Street Address	
City EAST PROVIDENCE	State RI	Zip 02914	
Secretary Name N/A		Treasurer Name N/A	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses)			Check the box to indicate an attachment <input type="checkbox"/>
Director Name KEVIN JOHN BERGLUND		Director Name	
Street Address 66 HOWLAND AVE		Street Address	
City EAST PROVIDENCE	State RI	Zip 02914	
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
		100	STK
			\$0.01
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 JOHN BERGLUND			Date 9/9/16
Signature of Authorized Representative 			SIGN DOCUMENT HERE

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

SEP 09 2016

By 283193