



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.

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 SECRETARY OF STATE
 CORPORATIONS DIV
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| | | | |
|--|--------------------|--|--|
| 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 100 | CLASS/SERIES STK |
| | | PAR VALUE \$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

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By 283193