RI SOS Filing Number: 201731162630 Date: 01/30/2017 4:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

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

1. Entity ID Number	2. Exact name of the Corporation			
22128	**J.K.L. Engineering Co., Inc.**			
3. Principal Office Address		City	State	Zip
155 South Main Street, Suite 300		**Providence**	**RI**	**02903**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
31-33 - Manufacturing	**Installation of heating, ventilation and air conditioning.**			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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) — Check the box to indicate an attachment ☐

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 — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	**200**	**Common**	**No Par Value**
Changes require an additional filing.			

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	Date
Antonio R. Freitas	

Signature of Authorized Representative: Antonio R Freitas

FILED
JAN 30 2017
BY 27103 DS

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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FORM 630 - Revised: 10/2016