



**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 2017**

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>51290</b>		2. Exact name of the Corporation <b>JK Development Company</b>					
3. Principal office address <b>271 Brown Avenue</b>				City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	
4. Business Phone No. <b>(401) 935-4049</b>				5. State of Incorporation <b>Massachusetts</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Real estate development, rental and management.</b>							
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>							
President Name <b>Paul J. DePietro</b>				Vice-President Name <b>Joyce DePietro, Jason DePietro &amp; Kristen Lutynski</b>			
Street Address <b>271 Brown Avenue</b>				Street Address <b>271 Brown Avenue</b>			
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>		City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	
Secretary Name <b>Paul J. DePietro</b>				Treasurer Name <b>Paul J. DePietro</b>			
Street Address <b>271 Brown Avenue</b>				Street Address <b>271 Brown Avenue</b>			
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>		City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>							
Director Name <b>None.</b>				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	
<b>9. SHARES AUTHORIZED</b>				<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <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	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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

**FEB 13 2017**

BY \_\_\_\_\_

*4322*  
*JK*

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.

*Paul J. DePietro* 1-31-17  
Signature of Authorized Representative Date

**Paul J. DePietro, President**

Print or Type Name of Authorized Representative