RI SOS Filing Number: 201857134670 Date: 1/29/2018 4:00:00 PM

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

Annual Report for the year: 2018 Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

Entity ID Number	2. Exact nan	ne of the Corporation	on				
120881	K&J of R	K&J of Rhode Island, Inc.					
3. Principal Office Address		<del> </del>	City		State	Zip	
468 Bullocks Point Ave, Ste 505			Riverside		RI	02915	
4. NAICS Code	6. Brief desc	ription of the chara	cter of business of	conducted in Rhode	Island		
235500	Carpentry 8	Carpentry & home building & remodeling					
5. State of Incorporation							
RI							
7. List ALL officers (names a	and addresses)			Chec	k the box to indi	cate an attachment [	
President Name			Vice-President Name				
James 1	No ne						
Street Address 245 Kaufman	Rd		Street Address	S			
City Tiverton	State RI	<sup>Zip</sup> 02878	City		State	Zip	
Secretary Name Kenneth For	and	<u> </u>	Treasurer Name  √ 0 m &				
Street Address 639 Gardners Neck Rd			Street Address				
639 Gardners							
City Swansea	State ma	Zip 02777	City		State	Zip	
8. List ALL directors (names	and addresses)		····		k the box to indi	cate an attachment [	
Director Name same 2 as ab	ove		Director Name	9			
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Director Name		<u> </u>	Director Name	<del></del>	1	<b>I</b>	
Street Address	Street Address						
City	State	Zıp	City		State	Zip	
9. Shares Authorized		10. Shares Is	sued	Chec	k the box to indi	cate an attachment [	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES  0		CLASS/SERI		PAR VALUE	
				common	common N		
						<u> </u>	
11. This report must be exec	cuted on behalf of the	corporation by an	authorized repres	I sentative. If the corp	oration is in the	hands of a receiver	
trustee, this report must be Under penalty of perjury, i	executed on behalf of	f the corporation by	the receiver or tr	rustee.			
statements, and that all st	atements contained						
Name of Authorized Repres		-	Date	,			
Pres or Secretary respective	ely				1/1	5/18	
Signature of Authorized Rep	•	SIGN DO	CUMENT HERE	FILED			
James ma	reauf)	GIGN DC					
MAIL TO:	(		7.1/2	N 29 2018			

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov