



RI SOS Filing Number: 201883046130 Date: 12/21/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

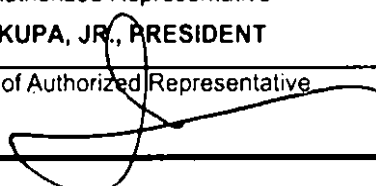
Annual Report for the year: **2019**  
Corporation

57000000

→ 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 <b>000063587</b>		2. Exact name of the Corporation <b>John J. Kupa, Jr., Attorney at Law, P.C.</b>			
3. Principal Office Address <b>20 Oakdale Road</b>		City <b>North Kingstown</b>		State <b>RI</b>	Zip <b>02852</b>
4. NAICS Code <b>541110</b>		6. Brief description of the character of business conducted in Rhode Island <b>Law Practice.</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>John J. Kupa Jr.</b>			Vice-President Name <b>John J. Kupa, Jr.</b>		
Street Address <b>20 Oakdale Road</b>			Street Address <b>SAME</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City	State	Zip
Secretary Name <b>John J. Kupa, Jr.</b>			Treasurer Name <b>John J. Kupa, Jr.</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>John J. Kupa, Jr.</b>			Director Name		
Street Address <b>20 Oakdale Road</b>			Street Address		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <b>NONE</b>	CLASS/SERIES <b>NONE</b>	PAR VALUE <b>NONE</b>
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. <b>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.</b>					
Name of Authorized Representative <b>JOHN J. KUPA, JR., PRESIDENT</b>					Date <b>December 18, 2018</b>
Signature of Authorized Representative 					
SIGN DOCUMENT HERE <b>FILED</b>					

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

DEC 21 2018  
BY 6938 DS

FORM 630 - Revised: 10/2017