



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

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

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

FILED

JAN 18 2019

BY

28681
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1. Entity ID Number 000022128		2. Exact name of the Corporation J.K.L. Engineering Co., Inc.												
3. Principal Office Address 155 South Main Street, Suite 300			City Providence	State RI	Zip 02903									
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island Installation of heating, ventilation and air conditioning.												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
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 <input type="checkbox"/>														
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 <input type="checkbox"/>												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	Common	No Par Value			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
		200	Common	No Par Value										
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 Antonio R. Freitas					Date 1.4.2019									
Signature of Authorized Representative <i>Antonio R. Freitas</i> DOCUMENT HERE														

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov