



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

**FILED**

FEB 11 2019

BY 23399 *[Signature]*

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.
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

|   |             |   |                     |                    |              |
|---|-------------|---|---------------------|--------------------|--------------|
| 1. Entity ID Number<br>000087188  |             | 2. Exact name of the Corporation<br>Kjar Corporation  |                     |                    |              |
| 3. Principal Office Address<br>564 South County Trail   |             |   | City<br>Exeter      | State<br>RI        | Zip<br>02822 |
| 4. NAICS Code<br>53110  |             | 6. Brief description of the character of business conducted in Rhode Island<br>To own real estate rental property and all other lawful purposes |                     |                    |              |
| 5. State of Incorporation<br>Rhode Island   |             |   |                     |                    |              |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |             |   |                     |                    |              |
| President Name<br>Paul F. Jarvis, Jr.   |             |   | Vice-President Name |                    |              |
| Street Address<br>247 George Keen Drive   |             |   | Street Address      |                    |              |
| City<br>Summerville   | State<br>SC | Zip<br>29483  | City                | State              | Zip          |
| Secretary Name  |             |   | Treasurer Name      |                    |              |
| 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   |             |   | 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          |
| 9. Shares Authorized  |             | 10. Shares Issued <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.<br><br>Changes require an additional filing.  |             | NUMBER OF SHARES  |                     | CLASS/SERIES       |              |
|   |             | 168   |                     | common             |              |
|   |             |   |                     | PAR VALUE          |              |
|   |             |   |                     | 0.0000             |              |
| 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. |             |   |                     |                    |              |
| <i>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.</i>                                       |             |   |                     |                    |              |
| Name of Authorized Representative<br>Paul F. Jarvis, Jr., President   |             |   |                     | Date<br>2/4/19     |              |
| Signature of Authorized Representative<br><i>[Signature]</i>  |             |   |                     | SIGN DOCUMENT HERE |              |