



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2019

1. ID No. 001679992

2. Exact Name of the Limited Liability Company KSJ ENTERPRISES, LLC

3. State of Formation

State: MA

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

531311

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

THE GENERAL CHARACTER OF THE BUSINESS OR PROFESSION OF THE LLC IS TO BUILD, ERECT, CONSTRUCT, LEASE, OR OTHERWISE ACQUIRE, MANAGE, OCCUPY, MAINTAIN, AND OPERATE BUILDINGS FOR HOTEL PURPOSES, APARTMENT HOUSES, OFFICE BUILDINGS, AND LANDS, BUILDINGS FOR OFFICE BUILDINGS AND BUSINESS STRUCTURES OF ALL KINDS FOR THE ACCOMMODATIONS OF THE PUBLIC AND OF INDIVIDUALS; AND TO KEEP, MANAGE, CONDUCT, AND OPERATE HOTELS, APARTMENT HOUSES, AND DWELLING HOUSES. TO OWN, HOLD, RENT, LEASE, MANAGE, ENCUMBER; IMPROVE, EXCHANGE, BUY, AND SELL REAL PROPERTY, COLLECT RENTS, AND DO A GENERAL REAL ESTATE BUSINESS; AND IN GENERAL TO HAVE AND EXERCISE ALL POWERS, RIGHTS, AND PRIVILEGES NECESSARY AND INCIDENT TO CARRYING OUT PROPERLY THE OBJECTS ABOVE MENTIONED.

5. Principal Office Address

No. and Street: 930 CRESCENT STREET SUITE 1

City or Town: BROCKTON

State: MA Zip: 02302 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: KARL F SCHULER JR Contact Title: PRESIDENT
No. and Street: P.O. BOX 864
City or Town: BROCKTON State: MA Zip: 02303 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

MARK D. TOURGEE, ESQ. 1500 NOOSENECK HILL ROAD COVENTRY , RI 02816

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 17 Day of October, 2019 at 12:35:32 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By KARL F SCHULER JR
Signature of Authorized Person

Form No. 632
Revised 09/07