



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV2020 FEB 11 P 2:25 **STAMP**FOR  
SECRETARY OF STATE  
USE ONLYAnnual Report for the year: **2020**  
Corporation

- 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>000088813</b>		2. Exact name of the Corporation <b>K.J. CUMMINGS, INC.</b>			
3. Principal Office Address <b>132 Japonica Street</b>			City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
4. NAICS Code <b>722513</b>		6. Brief description of the character of business conducted in Rhode Island <b>To own and operate a cafe and all other businesses related thereto.</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>Kevin J. Cummings</b>			Vice-President Name <b>Catherine D. Cummings</b>		
Street Address <b>99 Adamsdale Road</b>			Street Address <b>99 Adamsdale Road</b>		
City <b>North Attleboro</b>	State <b>MA</b>	Zip <b>02760</b>	City <b>North Attleboro</b>	State <b>MA</b>	Zip <b>02760</b>
Secretary Name <b>Catherine D. Cummings</b>			Treasurer Name <b>Kevin J. Cummings</b>		
Street Address <b>99 Adamsdale Road</b>			Street Address <b>99 Adamsdale Road</b>		
City <b>North Attleboro</b>	State <b>MA</b>	Zip <b>02760</b>	City <b>North Attleboro</b>	State <b>MA</b>	Zip <b>02760</b>
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>Kevin J. Cummings</b>			Director Name <b>Catherine D. Cummings</b>		
Street Address <b>99 Adamsdale Road</b>			Street Address <b>99 Adamsdale Road</b>		
City <b>North Attleboro</b>	State <b>MA</b>	Zip <b>02760</b>	City <b>North Attleboro</b>	State <b>MA</b>	Zip <b>02760</b>
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.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
<b>100</b>			<b>COMMON</b>		
			<b>NO PAR</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>Catherine D. Cummings</b>					Date <b>12.30.19</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

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FORM 630 - Revised: 10/2017