



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

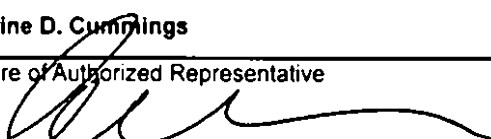
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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2020 FEB 11 P 2:25 **STAMP**

FOR
 SECRETARY OF STATE
 USE ONLY


Annual 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 000088813		2. Exact name of the Corporation K.J. CUMMINGS, INC.			
3. Principal Office Address 132 Japonica Street			City Pawtucket	State RI	Zip 02860
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island To own and operate a cafe and all other businesses related thereto.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kevin J. Cummings			Vice-President Name Catherine D. Cummings		
Street Address 99 Adamsdale Road			Street Address 99 Adamsdale Road		
City North Attleboro	State MA	Zip 02760	City North Attleboro	State MA	Zip 02760
Secretary Name Catherine D. Cummings			Treasurer Name Kevin J. Cummings		
Street Address 99 Adamsdale Road			Street Address 99 Adamsdale Road		
City North Attleboro	State MA	Zip 02760	City North Attleboro	State MA	Zip 02760
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kevin J. Cummings			Director Name Catherine D. Cummings		
Street Address 99 Adamsdale Road			Street Address 99 Adamsdale Road		
City North Attleboro	State MA	Zip 02760	City North Attleboro	State MA	Zip 02760
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.			NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE NO PAR
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 Catherine D. Cummings					Date 12.30.19
Signature of Authorized Representative 					

SIGN DOCUMENT HERE
FILED

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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