



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

**FILED**

SEP 18 2020

1046

**STAMP**

FOR  
SECRETARY OF STATE  
USE ONLY

Annual Report for the year: **2020**

**Limited Liability Company**

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <b>1670591</b>		2. Exact name of the Limited Liability Company <b>KJ Maul Construction LLC</b>					
3. NAICS Code <b>236118</b>		4. Brief description of the character of business conducted in Rhode Island <b>Residential Construction</b>					
5. State of Formation <b>Rhode Island</b>							
6. Principal Office Address <del>26 Oakdale Avenue Unit C</del> <b>51 MANHASSET ST</b>				City <del>Johnston</del> <b>CRANSTON</b>		State <b>RI</b>	
				Zip <del>02919</del> <b>02910</b>			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name <b>Kimberley A Maul</b>				Contact Title			
Street Address <del>26 Oakdale Avenue Unit C</del> <b>51 MANHASSET ST</b>				City <del>Johnston</del> <b>CRANSTON</b>		State <del>RI</del> <b>RI</b>	
				Zip <del>02919</del> <b>02910</b>			
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name				Manager Name			
Street Address				Street Address			
City		State		Zip		City	
Manager Name				Manager Name			
Street Address				Street Address			
City		State		Zip		City	
Check the box to indicate an attachment <input type="checkbox"/>							
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.							
<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 Person <b>Kimberley A Maul</b>						Date <b>8/14/2020</b>	
Signature of Authorized Person 						SIGN DOCUMENT HERE	

**MAIL TO:**

Division of Business Services  
148 W River Street, Providence, Rhode Island 02904-2615  
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Website: [www.sos.ri.gov](http://www.sos.ri.gov)