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-					
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 hitty (20) days after the time prescribed by law (R.I.G.L. 7- 18-60(b&c)) is subject to a penalty fee of \$25.00.   ANNUAL REPORT YEAR: 2020   1. ID No. 001688294   2. Exact Name of the Limited Liability Company KJ Consulting, L.L.C.   3. State of Formation State: RI   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.   541618   A Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island PROJECT MANAGEMENT AND CONSULTING SERVICES.   5. Principal Office Address   No. and Street: 10 WINTERBERRY ROAD City or Towm: LINCOLN State: RI Zip: 02865 Country: USA   6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 10 WINTERBERRY ROAD City or Towm: LINCOLN State: RI Zip: 02865 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 Country: USA				Fee: \$50.00	
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DO NOT LIST MEMBERS Individual Name Address   Title Individual Name Address   First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	City or Town: <u>LINC</u>	<u>OLN</u> Sta	Ite: <u>RI</u> Zip: <u>U2865</u>	Country: <u>USA</u>	
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country					
	Title				
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER		First, Middle, Last, Suffix	Address, City or Town, St	ate, Zip Code, Country	
	8. RESIDENT AGENT IN I	RHODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CHRISTOPHER FRANKLIN 4060 POST ROAD WARWICK , RI 02886

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

**Signed this 30 Day of October, 2020 at 1:02:43 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 CHRISTOPHER FRANKLIN

Signature of Authorized Person

Form No. 632 Revised 09/07

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