	State of Rho Office of the Sec		ate	Fee: \$50.00
	Division Of Bus 148 W. Riv Providence RI	ver Street		
HOPE	(401) 222	2-3040		
Limited Liability Com Annual Report Filing Period: September 1				
	. 7-16-66(d), each limited liability in thirty (30) days after the time µ penalty fee of \$25.00.			
ANNUAL REPORT YEAR	: <u>2020</u>			
<b>1. ID No.</b> <u>00079640</u>	<u>3</u>			
2. Exact Name of the Li	mited Liability Company $\underline{JKA}$	A SOLUTION	<u>S LLC</u>	
3. State of Formation				
State: <u>CT</u>				
	ARTICLE	. III		
-	Code that best describes the print re information on <u>NAICS</u> can be f	•	conducted by the	e entity. Download
<u>423830</u>				
4. Brief Description of th	ne Character of the Business V	Vhich is Actual	ly Conducted i	n Rhode Island
SALES AND SERVICE	E ON MARINE INDUSTRIAI	L EQUIPMEN	<u>T</u>	
SALES AND SERVICE 5. Principal Office Addre		L EQUIPMEN	<u>T</u>	
5. Principal Office Addre No. and Street: <u>41R V</u>		<u>L EQUIPMEN</u> State: <u>MA</u>	<u>T</u> Zip: <u>02061</u>	Country: <u>USA</u>
5. Principal Office Addre No. and Street: <u>41R V</u> City or Town: <u>NOR</u>	ess VASHINGTON STREET	State: <u>MA</u>	Zip: <u>02061</u>	·
5. Principal Office Addres         No. and Street:       41R V         City or Town:       NORV         6. Mailing Address of Li         Contact Name:       KATHLE	ess VASHINGTON STREET WELL	State: <u>MA</u>	Zip: <u>02061</u>	•
5. Principal Office Addres         No. and Street:       41R V         City or Town:       NORV         6. Mailing Address of Li         Contact Name:       KATHLE	ess VASHINGTON STREET WELL mited Liability Company and I EEN ANDERSON Contact Title: VASHINGTON STREET	State: <u>MA</u> Name or Title o	Zip: <u>02061</u> of Contact Pers	son:
5. Principal Office Address         No. and Street:       41R V         City or Town:       NORV         6. Mailing Address of Li         Contact Name:       KATHLE         No. and Street:       41R V         City or Town:       NORV	ess <u>VASHINGTON STREET</u> <u>WELL</u> mited Liability Company and I <u>EN ANDERSON</u> Contact Title: <u>VASHINGTON STREET</u> <u>VELL</u> f Each Manager of the Limited	State: <u>MA</u> Name or Title o <u>MEMBER</u> State: <u>MA</u>	Zip: <u>02061</u> of Contact Pers Zip: <u>02061</u>	country: <u>USA</u>
5. Principal Office Address         No. and Street:       41R V         City or Town:       NORV         6. Mailing Address of Li         Contact Name:       KATHLE         No. and Street:       41R V         City or Town:       NORV         7. Name and Address of	ess <u>VASHINGTON STREET</u> <u>WELL</u> mited Liability Company and I <u>EN ANDERSON</u> Contact Title: <u>VASHINGTON STREET</u> <u>VELL</u> f Each Manager of the Limited	State: <u>MA</u> Name or Title o <u>MEMBER</u> State: <u>MA</u> I Liability Com	Zip: <u>02061</u> of Contact Pers Zip: <u>02061</u> pany, if Applic Addres	son: Country: <u>USA</u> able.

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

INCORP SERVICES, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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 1:30:43 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 KATHLEEN ANDERSON

Signature of Authorized Person

Form No. 632 Revised 09/07

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