



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year 2021
Corporation

FILED STAMP

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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BY

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1. Entity ID Number 22072		2. Exact name of the Corporation J & K SANITATION, INC.			
3. Principal Office Address 567 METACOM AVENUE		City WARREN		State RI	Zip 02885
4. NAICS Code 488490		6. Brief description of the character of business conducted in Rhode Island SANITATION BUSINESS			
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 LORI BRAGANTIN			Vice-President Name STEPHEN BRAGANTIN		
Street Address 567 METACOM AVENUE			Street Address 567 METACOM AVENUE		
City WARREN		State RI	Zip 02885	City WARREN	
State RI		Zip 02885		State RI	
Zip 02885		City WARREN			
City WARREN		State RI	Zip 02885	City WARREN	
State RI		Zip 02885		State RI	
Zip 02885		City WARREN			
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City		State	Zip	City	
State		Zip		State	
Zip		City			
City		State	Zip	City	
State		Zip		State	
Zip		City			
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name LORI BRAGANTIN			Director Name		
Street Address 567 METACOM AVENUE			Street Address		
City WARREN		State RI	Zip 02885	City	
State RI		Zip 02885		State	
Zip 02885		City			
City		State	Zip	City	
State		Zip		State	
Zip		City			
City		State	Zip	City	
State		Zip		State	
Zip		City			
9. Shares Authorized 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	CLASS/SERIES	PAR VALUE
			50	COMMON	NPV
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. <i>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.</i>					
Name of Authorized Representative LORI BRAGANTIN				Date 01/15/2021	
Signature of Authorized Representative 					