



RI SOS Filing Number: 202190117870 Date: 2/4/2021 4:00:00 PM

State of Rhode Island

**Department of State - Business Services Division**

**FILED**

**FEB 04 2021**

BY 2536  
DS

**Annual Report for the year:** 2021

**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 120881		2. Exact name of the Corporation K & J of Rhode Island, Inc.			
3. Principal Office Address 468 BULLOCKS POINT AVE, STE 505			City RIVERSIDE		State RI
			Zip 02915		
4. NAICS Code 235500.		6. Brief description of the character of business conducted in Rhode Island CARPENTRY, HOME BUILDING AND REMODELING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name JAMES MARCOUX			Vice-President Name		
Street Address 245 KAUFMAN ROAD			Street Address		
City TIVERTON	State RI	Zip 02878	City	State	Zip
Secretary Name KENNETH FORAND			Treasurer Name		
Street Address 639 GARDNERS NECK RD			Street Address		
City SWANSEA	State MA	Zip 02777	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name SAME 2 AS ABOVE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			0	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. <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 Representative JAMES MARCOUX or KENNETH FORAND				Date 01/15/21	
Signature of Authorized Representative 					