



State of Rhode Island

Department of State - Business Services Division

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.

FILED

FEB 04 2021

BY: 2536 DS

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) Check the box to indicate an attachment <input type="checkbox"/>					
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) Check the box to indicate an attachment <input type="checkbox"/>					
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 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
			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.					
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.					
Name of Authorized Representative JAMES MARCOUX or KENNETH FORAND					Date 01/15/21
Signature of Authorized Representative 					