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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
FEB 04 2021
BY

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	2. Exact name of the Corporation
51290	J K Development Company

3. Principal Office Address	City	State	Zip
271 Brown Avenue	Seekonk	MA	02771

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531120	Real estate development, rental and management.
5. State of Incorporation: Massachusetts	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Paul J. DePietro	Joyce and Jason DePietro & Kristen Lutynski
Street Address: 271 Brown Avenue	Street Address: 271 Brown Avenue
City: Seekonk, State: MA, Zip: 02771	City: Seekonk, State: MA, Zip: 02771
Secretary Name: Paul J. DePietro	Treasurer Name: Paul J. DePietro
Street Address: 271 Brown Avenue	Street Address: 271 Brown Avenue
City: Seekonk, State: MA, Zip: 02771	City: Seekonk, State: MA, Zip: 02771

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
None.	
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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. **Changes require an additional filing.**	100	Common	No Par Value

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	Date
Paul J. DePietro, President	1-20-21

Signature of Authorized Representative: Paul J. DePietro-PRES. SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017