



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.

Address Change (C)  
FEB 23 2021  
B-1312-DS

1 Entity ID Number 000148872		2 Exact name of the Corporation K&J MANAGEMENT, INC.			
3. Principal Office Address 167 GEORGE WASHINGTON HWY			City SMITHFIELD	State RI	Zip 02917
4. NAICS Code 921190		6. Brief description of the character of business conducted in Rhode Island PROPERTY MANAGEMENT SERVICES			
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 JOELLE L FOURNIER			Vice-President Name KEVIN A FOURNIER		
Street Address 167 GEORGE WASHINGTON HWY			Street Address 167 GEORGE WASHINGTON HWY		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	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			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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES 1,000	CLASS/SERIES STK	PAR VALUE 0.00
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 JOELLE L FOURNIER				Date 2/17/21	
Signature of Authorized Representative 					