RI SOS Filing Number: 202105189130 Date: 11/18/2021 2:10:00 PM

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.

R.I. DEPT OF STATE
BUS SVCS DIV
2021 NOV 18 PM 2:09

1. Entity ID Number	2. Exact name of the Corporation
001671169	K&J Integrated Systems, Inc.

3. Principal Office Address	City	State	Zip
217 Middlesex Turnpike, Suite 202	Burlington	MA	01803

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238210	FIRE ALARM INSTALLATION SERVICE BURGLAR ALARM INSTALLATION SERVICE
5. State of Incorporation	
MA	

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

President Name: Timothy Beckwith			Vice-President Name: Gregory Montopoli		
Street Address: 217 Middlesex Turnpike Suite 202			Street Address: 217 Middlesex Turnpike Suite 202		
City: Burlington	State: MA	Zip: 01803	City: Burlington	State: MA	Zip: 01803
Secretary Name: Richard Gallant			Treasurer Name:		
Street Address: 217 Middlesex Turnpike Suite 202			Street Address:		
City: Burlington	State: MA	Zip: 01803	City:	State:	Zip:

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

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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	10,000	CNP	0

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
Timothy Beckwith	11/18/2021
Signature of Authorized Representative	FILED

NOV 18 2021

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov