| DI COC  | Filip v Nivoskov                          | 20240540042          | O Data: 44/40/2024                                      | 0:40:00 PM              |                      |  |
|---|---|----------------------|---|-------------------------|----------------------|--|
| State of Rhode Isla   | Filing Number:<br>and<br>of State - Busin |                      |   | 2:10:00 PIVI            | <del></del>          |  |
| Annual Report for the year:  Corporation  → Filing period: January 1 - March 1  → Filing Fee: \$50.00  → Penalty: Additional \$25.00 fee if form is not filed by April 1. |   |                      | 2821 NOV 18 PM 2-89                                     |                         |                      |  |
| 1. Entity ID Number 2. Exact name of the Corpore 001671169 K&J Integrated Sys   |   |                      | tion Oy   |                         |                      |  |
| 3. Principal Office Address 217 Middlesex Turnpike, Suite 202   |   |                      | City Burlington   | State<br>MA             | Zip<br>01803         |  |
| <ul><li>4. NAICS Code</li><li>238210</li><li>5. State of Incorporation</li><li>MA</li></ul>   |   |                      | cter of business conducted in I<br>ON SERVICE BURGLAR A |                         | N SERVICE            |  |
| 7. List ALL officers (names a   | ***                                       |                      | Vice-President Name                                     | Check the box to indica | ate an attachment    |  |
| I mothy Beckwith  |   |                      | Grego   | Gregory Montopoli       |                      |  |
| Street Address 217 Middlesex Turnpike Suite 202   |   |                      | Street Address 217 Middlesex Turnpike Suite 202         |                         |                      |  |
| City<br>Burlington  | State MA                                  | <sup>Zip</sup> 01803 | City Burlington   | State MA                | <sup>Zıp</sup> 01803 |  |
| Secretary Name Richard Gallant  |   |                      | Treasurer Name  |                         |                      |  |
| Street Address 217 Middlesex Turnpike Suite 202   |   |                      | Street Address  |                         |                      |  |
| City Burlington   | State MA                                  | <sup>Žip</sup> 01803 | City  | State                   | Zıp                  |  |
| 8 List ALL directors (names   | and addresses)                            |                      | <del>_</del>  | Check the box to indica | ate 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                   | 7 <sub>in</sub>      |  |

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.

City

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and

10. Shares Issued

10,000

NUMBER OF SHARES

Zip

statements, and that all statements contained herein are true and correct.

State

Name of Authorized Representative

**Timothy Beckwith** Signature of Authorized Representative

This information is currently of record in the

Changes require an additional filing.

**CNP** 

State

11**/19**/2021

CLASS/SERIES

MAIL TO:

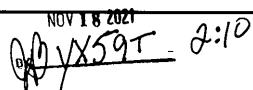
**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri gov

9. Shares Authorized

Department of State.



FILED

Zıp

PAR VALUE

Check the box to indicate an attachment

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