



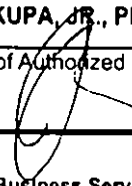
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILEDSTAMP

JAN 25 2023
BY 2309
DS

1. Entity ID Number 000063587		2. Exact name of the Corporation John J. Kupa, Jr., Attorney at Law, P.C.			
3. Principal Office Address 20 Oakdale Road		City North Kingstown		State RI	Zip 02852
4. NAICS Code 541110		6. Brief description of the character of business conducted in Rhode Island Law Practice.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John J. Kupa, Jr.			Vice-President Name John J. Kupa, Jr.		
Street Address 20 Oakdale Road			Street Address SAME		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name John J. Kupa, Jr.			Treasurer Name John J. Kupa, Jr.		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John J. Kupa, Jr.			Director Name		
Street Address 20 Oakdale Road			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			NONE NONE NONE		
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 JOHN J. KUPA, JR., PRESIDENT					Date 1/20/2023
Signature of Authorized Representative 					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