



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

STAMP

APR 20 2023

BY Yole DS

1. Entity ID Number 000111903		2. Exact name of the Corporation King Oak Associates, Inc.			
3. Principal Office Address 22 Bullock Ave			City Barrington	State RI	Zip 02806
4. NAICS Code 541614		6. Brief description of the character of business conducted in Rhode Island To engage in the consulting business			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Linus J Kelly			Vice-President Name Linus J Kelly		
Street Address 22 Bullock Ave			Street Address 22 Bullock Ave		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name			Treasurer Name Linus J Kelly		
Street Address 22 Bullock Ave			Street Address 22 Bullock Ave		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Linus J Kelly			Director Name		
Street Address 22 Bullock Ave			Street Address		
City Barrington	State RI	Zip 02806	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			100	Common	\$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 Linus J Kelly				Date 4/17/23	
Signature of Authorized Representative 					

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: 2/2023