RI SOS Filing Number: 202447126750 Date: 2/22/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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
FEB 22 2024
BY 14520

1. Entity ID Number	2. Exact name of the Corporation
000148872	K&J Management, Inc.

3. Principal Office Address	City	State	Zip
167 George Washington Hwy	Smithfield	RI	02917

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
921190	Property management services
5. State of Incorporation	
RI	

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

President Name	Vice-President Name
Joelle L Fournier	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) — 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. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	1,000	STK	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	Date
Joelle L Fournier	2/17/24

Signature of Authorized Representative: Joelle L Fournier

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: 12/2023