

State of Rhode Island  
 Department of State - Business Services Division

**FILED**

MAR 13 2024

BY *3213*

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.

1. Entity ID Number <b>0120881</b>	2. Exact name of the Corporation <b>K &amp; J of RHODE ISLAND, INC.</b>
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3. Principal Office Address <b>468 BULLOCKS POINT AVE, STE 505</b>	City <b>RIVERSIDE</b>	State <b>RI</b>	Zip <b>02915</b>
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4. NAICS Code <b>235500</b>	6. Brief description of the character of business conducted in Rhode Island <b>CARPENTRY, HOME BUILDING AND REMODELING</b>
5. State of Incorporation <b>RI</b>	

7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>JAMES MARCOUX</b>			Vice-President Name		
Street Address <b>245 KAUFMAN RD</b>			Street Address		
City <b>TIVERTON</b>	State <b>RI</b>	Zip <b>02878</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>SAME AS ABOVE</b>			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	<b>0</b>	<b>COMMON</b>	<b>NPV</b>

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 <b>JAMES MARCOUX</b>	Date <b>01/21/24</b>
Signature of Authorized Representative <i>James Marcoux</i>	