



State of Rhode Island  
Department of State - Business Services Division

**FILED**


MAR 15 2024

BY 405  
QA

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<br><b>000111903</b>   |                    | 2. Exact name of the Corporation<br><b>King Oak Associates, Inc.</b>   |   |                        |                     |
| 3. Principal Office Address<br><b>22 Bullock Ave</b>  |                    |  | City<br><b>Barrington</b>   | State<br><b>RI</b>     | Zip<br><b>02806</b> |
| 4. NAICS Code<br><b>541614</b>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>To engage in the consulting business</b> |   |                        |                     |
| 5. State of Incorporation<br><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<br><b>Linus J Kelly</b>  |                    |  | Vice-President Name<br><b>Linus J Kelly</b>   |                        |                     |
| Street Address<br><b>22 Bullock Ave</b>   |                    |  | Street Address<br><b>22 Bullock Ave</b>   |                        |                     |
| City<br><b>Barrington</b>   | State<br><b>RI</b> | Zip<br><b>02806</b>  | City<br><b>Barrington</b>   | State<br><b>RI</b>     | Zip<br><b>02806</b> |
| Secretary Name<br><b>Lynnette S Kelly</b>   |                    |  | Treasurer Name<br><b>Linus J Kelly</b>  |                        |                     |
| Street Address<br><b>22 Bullock Ave</b>   |                    |  | Street Address<br><b>22 Bullock Ave</b>   |                        |                     |
| City<br><b>Barrington</b>   | State<br><b>RI</b> | Zip<br><b>02806</b>  | City<br><b>Barrington</b>   | State<br><b>RI</b>     | Zip<br><b>02806</b> |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |  |   |                        |                     |
| Director Name<br><b>Linus J Kelly</b>   |                    |  | Director Name   |                        |                     |
| Street Address<br><b>22 Bullock Ave</b>   |                    |  | Street Address  |                        |                     |
| City<br><b>Barrington</b>   | State<br><b>RI</b> | Zip<br><b>02806</b>  | 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.<br><br>Changes require an additional filing.  |                    |  | NUMBER OF SHARES  |                        | CLASS/SERIES        |
|   |                    |  | 100   |                        | Common              |
|   |                    |  | PAR VALUE   |                        | \$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. |                    |  |   |                        |                     |
| <b>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.</b>                                       |                    |  |   |                        |                     |
| Name of Authorized Representative<br><b>Linus J Kelly</b>   |                    |  |   | Date<br><b>2/29/24</b> |                     |
| Signature of Authorized Representative<br>   |                    |  |   |                        |                     |

MAIL TO:  
Division of Business Services  
148 W River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov