RI SOS Filing Number: 202449116380 Date: 3/15/2024 4:00:00 PM

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State of Rhode Island Department of State - Business Services Division					MAR 1 5 2024		
Annual Report for the year: 2024					2((8))		
Corporation ————————————————————————————————————				E	3Y	1)40	
→ Filing Fee: \$50.00							
Penalty: Additional \$25.00 fee if form is not filed by May 31. 1. Entity ID Number 2. Exact name of the Corporation							
000022128	J.K.L. Engineering Co., Inc.						
3. Principal Office Address City State Zip							
945 Westminster Street			North F	Kingstown	RI	02852	
4 NAICS code 6. Brief description of the character of business conducted in Rhode Island							
Appliance sale and service							
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names and addresses) President Name Consol L. Anghotte, Tructon				Check the box to indicate an attachment Vice-President Name Daniel L. Archotto, Trustoe			
Daniel J. Archetto, Trustee			Street Address DA5 Machinetas Street				
Street Address 945 Westminster Street			945 Westminster Street				
^{City} Providence	State RI	^{Zip} 02903	1	ridence	1	RI 02903	
Secretary Name Daniel J. Archetto, Trustee			Treasurer Name Daniel J. Archetto, Trustee				
Street Address 945 Westminster Street			Street Address 945 Westminster Street				
^{City} Providence	State RI	^{Zıp} 02903	City Providence		State RI 02903		
8. List ALL directors (names and addresses) Check the box to indicate an attachm						cate an attachment	
Daniel J. Archetto, Trustee			Director Name				
Street Address 945 Westminster Street				Street Address			
City Providence	State RI	^{Zip} 02903	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zıp	
9 Shares Authorized							
This information is currently of record in the Department of State.		NUMBER OF SHARES		Common			
Changes require an additional filing.		1		Common	11011		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-							
ceiver 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 Daniel J. Archetto, Trustee					3-12-24		
Signature of Authorized Representative							
De la Trustea							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov