



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

MAR 15 2024

BY *[Signature]*

1. Entity ID Number 000022128		2. Exact name of the Corporation J.K.L. Engineering Co., Inc.			
3. Principal Office Address 945 Westminster Street			City North Kingstown	State RI	Zip 02852
4. NAICS Code <i>33000</i>		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) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Daniel J. Archetto, Trustee			Vice-President Name Daniel J. Archetto, Trustee		
Street Address 945 Westminster Street			Street Address 945 Westminster Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 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	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name 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	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
		200	Common	No Par Value	
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 Daniel J. Archetto, Trustee					Date 3-12-24
Signature of Authorized Representative <i>[Signature]</i>					

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