

State of Rhode Island Department of State - Business Services Division

2024 Annual Report for the year: Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number	2. Exact name of the Limited Liability Company				
001685496	KJC LLC				
3.hvAtUS Code	Brief description of the character of business conducted in Rhode Island				
· 531110	RESIDENTIAL APARTMENTS				
5. State of Formation					
RI	(RENTAL)				
6. Principal Office Address		City	State	Zip	
18-22 FIFTH AVE MOONSOCKET		MOONSOCKET	RI	02895	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name	Contact Title				
KEVIN CALABRO		OWNER PRESIDENT City State Zip			
Street Address		City	State	Zip	
117 NEW ROAD		THOMPSON	CT	06277	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
9 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 Person		Date /s > /			
KEVIN CALABRO		12/23/29			
Signature of Authorized Person					

FILED 3:24 DEC 23 2024

MAIL TO:

Division of Business Services

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