



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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

FEB 06 2025

BY 1803 AA

1. Entity ID Number 22072		2. Exact name of the Corporation J & K SANITATION, INC.			
3. Principal Office Address 567 METACOM AVENUE			City WARREN	State RI	Zip 02885
4. NAICS Code 488490		6. Brief description of the character of business conducted in Rhode Island SANITATION BUSINESS			
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 LORI BRAGANTIN			Vice-President Name STEPHEN BRAGANTIN		
Street Address 567 METACOM AVENUE			Street Address 567 METACAOM AVENUE		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
Secretary Name SAME			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name LORI BRAGANTIN			Director Name		
Street Address 567 METACOM AVENUE			Street Address		
City WARREN	State RI	Zip 02885	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		
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 LORI BRAGANTIN					Date 01/13/2025
Signature of Authorized Representative <i>Lori Bragantin</i>					

MAIL TO:

Division of Business Services

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

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