State of Rhode Island Fee: \$50.00
Office of the Secretary of State
Division Of Business Services
148 W. River Street
Providence RI 02904-2615 (401) 222-3040
Limited Liability Company Annual Report
Filing Period: February 1 - May 1
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or
refusing to file its annual report within thirty (30) days after the time prescribed by
law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024
1. ID No. <u>001679992</u>
2. Exact Name of the Limited Liability Company <u>KSJ ENTERPRISES, LLC</u>
3. State of Formation
State: <u>MA</u>
NAICS CODE
Enter the site disite NALCO Code that has a described the primery business and ustad by the antity
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.
<u>531311</u>
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island
THE GENERAL CHARACTER OF THE BUSINESS OR PROFESSION OF THE LLC IS TO
BUILD, ERECT, CONSTRUCT, LEASE, OR OTHERWISE ACQUIRE, MANAGE, OCCUPY,
MAINTAIN, AND OPERATE BUILDINGS FOR HOTEL PURPOSES, APARTMENT
<u>HOUSES,</u> OFFICE BUILDINGS, AND LANDS, BUILDINGS FOR OFFICE BUILDINGS AND
BUSINESS STRUCTURES OF ALL KINDS FOR THE ACCOMMODATIONS OF THE
PUBLIC
AND OF INDIVIDUALS; AND TO KEEP, MANAGE, CONDUCT, AND OPERATE
HOTELS, ADAPTMENT HOUSES AND DWELLING HOUSES
<u>APARTMENT HOUSES, AND DWELLING HOUSES.</u> TO OWN, HOLD, RENT, LEASE, MANAGE, ENCUMBER; IMPROVE, EXCHANGE, BUY,
AND SELL REAL PROPERTY, COLLECT RENTS, AND DO A GENERAL REAL ESTATE
BUSINESS; AND IN GENERAL TO HAVE AND EXERCISE ALL POWERS, RIGHTS, AND
PRIVILEGES NECESSARY AND INCIDENT TO CARRYING OUT PROPERLY THE

OBJECTS ABOVE MENTIONED.
5. Principal Office Address
No. and Street:930 CRESCENT STREET SUITE 1City or Town:BROCKTONState:MAZip:02302Country:USA
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:
Contact Name: KARL SCHULER JR Contact Title: PRESIDENT No. and Street: PO BOX 864 City or Town: BROCKTON State: MA Zip: 02303 Country: USA
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11
MARK D. TOURGEE, ESQ. 1500 NOOSENECK HILL ROAD COVENTRY , RI 02816
8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).
 Signed this 17 Day of March, 2024 at 7:27:09 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16. By <u>KARL F SCHULER JR</u> Signature of Authorized Person
Form No. 632 Revised 09/07
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