



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000098777		2. Name of Corporation KUB Communications Inc			
3. Street Address Principal Business Office 185 East Main RD		City Little Compton		State RI	Zip 02837
4. Business Phone No. 401-480-1840		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island Provide Strategic Marketing (communications Consulting Services)					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kathleen Van Gordon			Vice President Name Kathleen Van Gordon		
Street Address 185 East Main RD			Street Address 185 East Main RD		
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
Secretary Name Kathleen Van Gordon			Treasurer Name Kathleen Van Gordon		
Street Address 185 East Main RD			Street Address 185 East Main RD		
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kathleen Van Gordon			Director Name		
Street Address 185 East Main RD			Street Address		
City Little Compton	State RI	Zip 02837	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100	Class/Series CWP	Par Value 1.00

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.

File Date	2-2-09
Check No.	4353
By:	MME
FOR SECRETARY OF STATE USE ONLY	

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.

Signature: Kathleen Van Gordon Date: 1-7-09
Print or Type Name: President
Title: _____