



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. 14160		2. Name of Corporation K & G Entreprises, Inc.			
3. Street Address Principal Business Office 92 Waterman Avenue			City East Providence	State RI	Zip 02914
4. Business Phone No. (401) 434-1225		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island General tavern and/or victualing house					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kevork Mouhktarian			Vice President Name Guiline Mouhktarian		
Street Address 336 Anthony Street			Street Address 336 Anthony Street		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Secretary Name Kevork Mouhktarian			Treasurer Name Kevork Mouhktarian		
Street Address 336 Anthony Street			Street Address 336 Anthony Street		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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) ☐					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
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.			Number of Shares 1000 shares	Class/Series common	Par Value no par value
			THIS SECTION MUST BE COMPLETED		

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 **FILED**
Check No. **FEB 12 2009**
By: **2528**
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 **Kevork Mouhktarian** Date **2-11-09**

Print or Type Name
Kevork Mouhktarian

President

Title