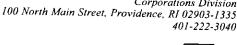


Corporations Division 100 North Main Street, Providence, RI 02903-1335



## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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(FORM MUST BE TYPE	ED IN BLACK)				IXX
1. Corporate ID No.	2. Name of Corpor	ation			
5F5) 3. Street Address Principa	L)K 13U	ul) KAS, INC	- Po Box 673 (+A)	Phillan, KL o	473
15 CALY DI			(A)AVI (F)	State	2ip
4. Business Phone No.	• ,	5. State of Incorpor	ration \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		0214
401-783-	0606 e Character of Business Conducted	KhóD	E IShAU)		0. 37C Char
7. Die Description of the	e Character of Business Conducted	in Rhode Island	·		
8. NAMES AND A	DDRESSES OF THE OFF	ICERS ("X" BOX FOR A	ATTACHMENT) FILL IN SPACE	CES BEFORE USING ATTA	CHMENTS
President Name	Pubento		Vice President Name	_	CITALEIAIS
Street Address	Muscr 10	) 25	NO NECENTRAL STREET Address		
12 CARYPIN	DRIVE, WARFEL.	J KJ. 02179	J Street Address		
70BOX673 (H	ARTEHON State	21p 1	City	State	Zip
Secretary Name PA RI(IN 1	4. Rubarto	,	Trepsurer Name	Richards	
Street Address 15 (ALYPSO 1	DRIVE WAREFREID	), PI on 79	Street Address 15 (AF) PO PA	IVE, WHITEFELD, B	1.02579
PAROX 673 CHA	Paletous tate	21p (1)	PUBA673(HAL	It town state of	zip ON 13
<b>9. NAMES AND A</b> l Director Name	DDRESSES OF THE DIRI	ECTORS ("X" BOX FOR		ACES BEFORE USING ATT	ACHMENTS
			Director Name		
Street Address			Street Address		
Dity	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address					
nicel Address			Street Address		
City	State	Zip	City	State	Zip
O. SHARES AUTHO	ORIZED ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT	a
UTHORIZED SHARES			ISSUED SHARES	CA BOA FOR ATTACHMENT	,
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	Commin	NOVE	360	Commimi	NONE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	Under penalty of perjury, I declare and affirm that I have examined
	this report, including any accompanying schedules and statements, and
2-27-19	that all statements contained herein are true and correct.
File Date:	Danolli Kuluty January, 2009
Check No. 2559	Signature of Officer Date
$m \sim a$	DAVITO M. 194BARTS
	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	HOLLANT NR. 13LDA INC
	Title of Officer