RI SOS Filing Number: 200943520300 Date: 03/02/2009 4:00 PM

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. | 2. Name of Corporation | | | |
|---|---|---|---|---|
| 120260 | VITRO AMERICA, INC. | | | |
| 3. Street Address Principal Business Office | | City | State | Zip |
| 965 RIDGE LAKE BLVD., SUITE 300 | | MEMPHIS | TN | 38120 |
| 4. Business Phone No. | 5. State of Incorporation | | | |
| (901) 767-7111 | DELAWARE | | | |

6. Brief Description of the Character of Business Conducted in Rhode Island
THE FABRICATION, INSTALLATION, AND DISTRIBUTION OF GLASS AND RELATED GLASS PRODUCTS.

**7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS**

| President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| LUIS GONZALEZ-SADA | 965 RIDGE LAKE BLVD., SUITE 300 | MEMPHIS | TN | 38120 |

| Vice President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| RHODES STEGER | 965 RIDGE LAKE BLVD., SUITE 300 | MEMPHIS | TN | 38120 |

| Secretary Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| LURA BOND-ALYEA, ASSISTANT SECRETARY | 965 RIDGE LAKE BLVD., SUITE 300 | MEMPHIS | TN | 38120 |

| Treasurer Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| ARTURO CARRILLO | 965 RIDGE LAKE BLVD., SUITE 300 | MEMPHIS | TN | 38120 |

**8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS**

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| ROBERTO BARON RUBIO-BARNES | 965 RIDGE LAKE BLVD., SUITE 300 | MEMPHIS | TN | 38120 |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| JORGE MARIO GUZMAN-GUZMAN | 965 RIDGE LAKE BLVD., SUITE 300 | MEMPHIS | TN | 38120 |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| LUIS GONZALEZ-SADA | 965 RIDGE LAKE BLVD., SUITE 300 | MEMPHIS | TN | 38120 |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| ARTURO CARRILLO | 965 RIDGE LAKE BLVD., SUITE 300 | MEMPHIS | TN | 38120 |

**9. SHARES AUTHORIZED**

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.

**10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐**

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 1000 | COMMON | $.01 |
| 1000 | COMMON | $.01 |

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.

[redacted] [redacted]

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.

Lura Bond Alyea 2/29/09
*Signature* *Date*

LURA BOND ALYEA
*Print or Type Name*

Asst Sec & Corp Controller
*Title*

*File Date* FILED
*Check No.* MAR 02 2009
*By:* By 4399312
FOR SECRETARY OF STATE USE ONLY

[redacted]

30836-9-354634

Form 630 Rev. 08/08

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

Fee: $50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

| LOGOUT |

## Foreign Business Corporation Annual Report

*Filing Period: January 1 - March 1*

Help with this form

*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.*

**ANNUAL REPORT YEAR:** 2009

**1. Corporate ID No.** 000116976

**2. Name of Corporation** Kohl's Department Stores, Inc.

**3. Street Address Principal Business Office:**

No. and Street: N56 W17000 RIDGEWOOD DRI\

City or Town: MENOMONEE FALLS State: WI Zip: 53051 Country: USA

**4. Business Phone No.**

262-703-7000

**5. State of Incorporation**

State: DE

**6. Brief Description of the Character of Business Conducted in Rhode Island**

RETAIL DEPARTMENT STORE SERVICES

FILED
MAR 02 2009
By 2623586

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

| Delete | Title | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---|---|---|---|
| ☐ | SECRETARY | RICHARD SCHEPP | 13775 NORTH LEGACY HILLS DRIVE<br>MEQUON, WI 53097 USA |
| ☐ | CFO | WESLEY MCDONALD | 8336 NORTH GREENVALE ROAD<br>FOX POINT, WI 53217 USA |
| ☐ | Chairman | R. Lawrence Montgomery | 6360 North Lake Dr<br>Whitefish Bay, WI 53217 USA |
| ☐ | CEO | Kevin Mansell | 5370 North Lake Dr.<br>Whitefish Bay, WI 53217 USA |

Select From Below | Title: | First Name: | Middle Name: | Last Name: | Suffix: | Address: | City: | State: | Zip: | Country: | Clear | Add

**8. Shares Authorized and Issued**

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares *Number of Shares* | Total Issued and Outstanding *Num of Shares* |
|---|---|---|---|---|
| CWP | | $0.01 | 200,000.00 | 99,600.00 |

**9. 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.**

**Filer's Contact Information**
*(Enter a contact name, mailing address and email.)*

Contact Name: AMIE JAECKS
Business Name:
No. and Street: N56 W17000 RIDGEWOOD D
City or Town: MENOMONEE FALLS
Contact Phone: (262) 703-7021 ext:
Contact Email: AMIE.JAECKS@KOHLS.COM

- Same Address as

State: WI Zip: 53051 Country: USA

Clear

FILED
MAR 02 2009
By 116976

**Please provide an email address to receive an expedited response from the Corporations Division if the filing is rejected for any reason. If no email address is provided, correspondence from the Division will be sent by mail.**

**Signed this 17 Day of February, 2009 at 11:17:23 AM.** *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 corporation, and that the facts stated herein are true, as of the date of the*

*electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By Amie Jaecks
Signature of Authorized Representative of the Corporation

Tax Accountant
Title

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.**

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-1.2. You hereby agree that any legal issues or causes of action arising from the submission of this

(•) Accept ( ) Decline

Click HERE to Submit This Information

Form No. 630
Revised 09/07



Help

FILED
MAR 02 2009
By 116976