

**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: **1. Corporate ID No.** **2. Name of Corporation** **3. Street Address Principal Business Office:**No. and Street: City or Town: State: Zip: Country: **4. Business Phone No.****5. State of Incorporation**State: **6. Brief Description of the Character of Business Conducted in Rhode Island**

FILED
MAR 02 2009
By 26235986

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

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

- Same Address as

State: WI

Zip: 53051

Country: USA

Clear

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

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Help

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MAR 02 2009
By 116976