



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

| | | | | | |
|--|-------|---|--------------------|---------------------|-----|
| 1. ID No. <u>159581</u> | | 2. Exact name of the limited liability company <u>KP Promotions Group, LLC</u> | | | |
| 3. State of Formation <u>RI</u> | | 4. Brief description of the character of the business which is actually conducted in Rhode Island | | | |
| 5. Principal office address | | City | State | Zip | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name <u>Kevin Lo</u> | | Contact Title | | | |
| Street Address <u>2845 Post Road Warwick, RI 02886</u> | | City <u>Warwick</u> | State <u>RI</u> | Zip <u>02886</u> | |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 | | | | | |
| Agent Name | | Address | | | |
| Address | | City | Zip | | |

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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

FILED

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|---------------------------------|--|
| File Date | |
| Check No. | |
| By: | |
| 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.

Kevin Lo 9/21/09
Signature of Authorized Person Date
Kevin Lo
Print or Type Name of Authorized Person