



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 2010

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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 70840		2. Name of Corporation K.S.S. Inc.			
3. Street Address Principal Business Office c/o Joseph Raheb, Esq., 650 Washington Hwy.			City Lincoln	State RI	Zip 02865
4. Business Phone No. (401) 333-3377		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To operate a video/lounge selling beverages at retail					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Ralph N. Napolitano			Vice President Name Ralph N. Napolitano		
Street Address 4 Roger Road			Street Address 4 Roger Road		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Ralph N. Napolitano			Treasurer Name Ralph N. Napolitano		
Street Address 4 Roger Road			Street Address 4 Roger Road		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Ralph N. Napolitano			Director Name		
Street Address 4 Roger Road			Street Address		
City Johnston	State RI	Zip 02919	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) ☐		
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.			ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
			Number of Shares 20	Class/Series Common	Par Value No Par Value

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.

FILED

JAN 13 2010

By

108173

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: *[Signature]* Date: 12/30/09

Print or Type Name: RALPH NAPOLITANO JR.

Title: President

File Date	
Check No.	
By:	
FOR SECRETARY OF STATE USE ONLY	