

A. Ralpb 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&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 106984	2. Name of Corporation Kind Connection, Inc.				
3. Street Address Principal Business Office 180 Angell Street			Providence	State RI	<sup>Zip</sup> 02906
4. Business Phone No. 5. State of Incorporation Rhode Island					
6. Brief Description of the Character of to own, operate retail stores			nd other miscellaneous	items	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Christopher Calderon			CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name Christopher Calderon		
Street Address 68 Hope Street			Street Address 68 Hope Street		
City Providence	State RI	Zip 02906	City Providence	State RI	<sup>Zip</sup> 02906
Secretary Name Christopher Calderon			Treasurer Name Christopher Calderon		
Street Address 68 Hope Street			Street Address 68 Hope Street		
City Providence	State RI	<i>Zip</i> <b>02906</b>	City Providence	State RI	<sup>Zip</sup> 02906
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name Christopher Calderon			FACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name		
Street Address 68 Hope Street			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Director Name		***************************************	Director Name	***************************************	***************************************
Street Address			Street Address		
Сйу	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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.			Number of Shares	Class/Series	Par Value
			8000	Common	No Par
This report must be executed this report must be executed or				corporation is in the hand	s of a receiver or trustee,
File Date 2-18-	2010	]	including any acc		that I have examined this report atements, and that all statement
Check No				er Calderon	Date
			Print or Type Name President		
FOR SECRETARY OF STA	AFE USE ONLY		Title		