

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____ 201

401.222.3040

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(cord)) is

subject to a penalty fee of \$25.00.				·· ·	
1. Corporate ID No. 70787	2. Name of Corporation	KLOSULAR	+VC		
3. Street Address Principal Business O EDUAY	p 8t		PROV	State (Z	7.102904
4 Hustness Phong No. 714	0308	5. State of Incorporation			4
CLOTHINE	"TWO PORT	EK			
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) FILL IN SP.	ACES BEFORE USING	ATTACHMENTS
BONNIE DICHSTOFARO			Vice President Name		
Street Addres BRAYTON MDW			Street Address		
3 GREENWICH	State UL	²⁴⁰ 07818	City	State	2.15
Secretary Name			Trassirer Name		
. Stroot Address			Street Address		
City	State	ZiĐ	Cuv	State	ZiD
8. NAMES AND ADDRESSES	OF THE DIRECTORS	S: ("X" BOX FOR ATT	Achment) 📗 fill in s	SPACES BEFORE USING	G ATTACHMENTS
Director Name SAME AS ABV			Director Name		
Street Address			Street Address		
City	State	Zψ	City	State	Ztp
Director Name			Director Name		
Street Address			Street Address		
Ctty	State	Ztp	Clty	State	Ztp
9. SHARES AUTHORIZED	•	1	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.			100 D	0	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.					
mis report must be executed (m behan of the corpe	nation by the receiver t	n dustee.		
Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements/ and that all statement					
File Date FILED			contained herein are true and correct.		
Check No SFP 0 8 2010		Signature B. DICRISTO FARM			
By: By 1676			Print or Type Name		