



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 02904-2611
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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. 97695	2. Name of Corporation Knight Street Housing Corp.
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3. Street Address Principal Business Office Suite 306 1300 Division Street	City West Warwick	State RI	Zip 02893
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4. Business Phone No. (401) 521-3553	5. State of Incorporation Rhode Island
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5. Brief Description of the Character of Business Conducted in Rhode Island
To purchase, own, develop, operate, manage and sell housing developments of all types

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Anthony Emma	Vice President Name None elected
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Street Address Suite 306 1300 Division Street	Street Address
City West Warwick	City
State RI	State
Zip 02893	Zip

Secretary Name Anthony Emma	Treasurer Name Anthony Emma
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Street Address Suite 306 1300 Division Street	Street Address Suite 306 1300 Division Street
City West Warwick	City West Warwick
State RI	State RI
Zip 02893	Zip 02893

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name No Directors	Director Name
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Street Address	Street Address
City	City
State	State
Zip	Zip

Director Name	Director Name
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Street Address	Street Address
City	City
State	State
Zip	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value
8,000	Common	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.

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: Anthony Emma Date: 1/31/11

Print or Type Name: Anthony Emma

Title: President

File Date	FILED
Check No.	FEB 07 2011
By	<u>497</u>
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