



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 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. 141205		2. Name of Corporation KVL, INC	
3. Street Address Principal Business Office 806 HOPE STREET		City PROVIDENCE	State R.I
		Zip 02906	
4. Business Phone No. (401) 421 5760		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island SALE OF LIQUORS, WINGS and SPIRITS and Related TO products			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name KEVIN D. LE		Vice President Name HANH T. VINH	
Street Address 8 ALYSSA LANE		Street Address 8 ALYSSA LANE	
City LINCOLN	State R.I	City LINCOLN	State R.I
Secretary Name HANH T. VINH		Treasurer Name KEVIN D. LE	
Street Address 8 ALYSSA LANE		Street Address 8 ALYSSA LANE	
City LINCOLN	State R.I	City LINCOLN	State R.I
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS		9. SHARES AUTHORIZED	
Director Name		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS	
Street Address		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
City	State	City	State
Director Name		Number of Shares 100	Class/Series COMMON
Street Address		Par Value NO PAR VALUE	
City	State	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.	

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 CORPORATIONS DIV  
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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: Kevin D. Le Date: 10-3-11

Print or Type Name: KEVIN D. LE

Title: PRESIDENT

**FILED**  
 File Date: OCT 04 2011  
 Check No. \_\_\_\_\_  
 By: [Signature]  
 FOR SECRETARY OF STATE USE ONLY