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.	2. Name of Corporation			
000152312	Karol Richardson, Inc.			
3. Street Address Principal Business Office: 125 Peace Valley Rd. / P.O. Box 115	City: Wellfleet	State: MA	Zip: 02667	
4. Business Phone No.: (508) 737-0401	5. State of Incorporation: Massachusetts			
6. Brief Description of the Character of Business Conducted in Rhode Island: Retail, Women's Clothing				

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

President Name: Karolann McDonald	Vice President Name: none
Street Address: 125 Peace Valley Rd. / P.O. Box 115	Street Address:
City: Wellfleet / State: MA / Zip: 02667	City: / State: / Zip:
Secretary Name: Natasha Soderberg	Treasurer Name: Karolann McDonald
Street Address: 44 Wolcott Avenue	Street Address: 125 Peace Valley Rd.
City: Middletown / State: RI / Zip: 02842	City: Wellfleet / State: MA / Zip: 02667

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

Director Name: none	Director Name: none
Street Address:	Street Address:
City: / State: / Zip:	City: / State: / Zip:
Director Name: none	Director Name: none
Street Address:	Street Address:
City: / State: / Zip:	City: / State: / 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
200,000.00	CNP	$ 0.0

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.

[redacted]

FILED

File Date: OCT 27 2011

Check No.: 2997

By: BY

FOR SECRETARY OF STATE USE ONLY

[redacted]

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: [redacted] Date: 10/25/11

Print or Type Name: Natasha Soderberg

Title: Secretary/Co-owner

Form 630 Rev. 08/08