

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 2012

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 1. Corporate ID No. 2. Name of Corporation 000111903 King Oak Associates, Inc. 3. Street Address Principal Business Office City 22 Bullock Ave Zib Barrington RI 02806 4. Business Phone No 5. State of Incorporation 401-935-4196 RI 6. Brief Description of the Character of Business Conducted in Rhode Island To engage in the consulting business 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Linus J Kelly Linus J Kelly Street Address Street Address 22 Bullock Ave 22 Bullock Ave City State City Barrington RI 02806 Barrington RΙ 02806 Secretary Name Treasurer Na Lynnette S Kelly Linus J Kelly Street Address Street Address 22 Bullock Ave 22 Bullock Ave State City Barrington State RI **02806** Barrington RI 02806 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Linus J Kelly Street Address Street Address 22 Bullock Ave City State Zip City State Zip Barrington RI 02806 Director Name Street Address Street Address City State Ζip City State Zip9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION $\underline{\text{MUST}}$ BE COMPLETED 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 100 instruction sheet. Common \$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.

File Date	JAN 3 1 2019	
Check No		
Ву:	" 3elb	
FOR SECRETARY OF STATE USE ONLY		

Under penalty of perjury, I declare and affi including any accompanying schedules an contained herein are true and correct.	irm that I have examined this report, d statements, and that all statements
Signature Signature	1-29-12
Linus J Kelly	Date
Print or Type Name President	
Title	