

Form No. 630 Revised: 01/2012

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

2012 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

3. Principal office address 10 WEYBOSSET STREET 2. PROVIDENCE RI 2. R	1. Entity ID No. 2. Exact name of the Corporation					•	210	<u> </u>
Principal office address	526037	KNF&T	, INC.					C.
Electricity State								
EMPLOYMENT SERVICES LISTALIZOFFICERS (NAMES) AND ADDRESSES (CX*BOMFOR ATTACHMENT) President Name BETH TUCKER NONE Street Address 3 POST OFFICE SQUARE 4 POST OFFICE SQUARE 5 POST OFFICE SQUARE	4. Business Phone No.			5. State of incorporation				211
Vice-President Name Vice-President Name NONE	3. Brief description of the chara		conducted in Rhode Island				<u></u>	
Vice-President Name Vice-President Name NONE	ALISTALL OFFICERS (NAM	ESIAND ADDR	ESSESVÆXEBOVEOR'A	TACHMENT)				Section 1
3 POST OFFICE SQUARE 23y BOSTON State 23p Decretary Name NONE Street Address 3 POST OFFICE SQUARE 4 POST OFFICE SQUARE 5 POST OF	President Name			Vice-President Name	विकेश्वरणयेक्याः स्वयं विकासक्षयः स्वयं स्वय स्वयं	100000000000000000000000000000000000000	<u> </u>	<u>ezero</u>
Secretary Name NONE Street Address Street Ad		RE		Street Address				
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B. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) Director Name	Street Address			Street Address				
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Director Name NONE Director Name NONE Street Address City State Zip City State Zip Tr City State Zip Tr 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) NUMBER OF SHARES CLASSSERIES PAR VALUE 15,000.00 CNP \$0.0000 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 the report, Including any accompanying schedules and statements and that all statements contained herein are true and correct. Signature of Authorized Representative Date		RE		Street Address			X	
NONE Street Address Street A		1		City	State	Zip		سر حنت
State Zip IT 8. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) NUMBER OF SHARES 15,000.00 15,000.00 15,000.00 15,000.00 15,000.00 15,000.00 15,000.00 15,000.00 15,000.00 15,000.00 16 See Section 9 of instruction sheet. 17 See Section 9 of instruction sheet. 18 See Section 9 of instruction sheet. 19 See Section 9 of instruction sheet. 10 SHARES ISSUED ("X" BOX FOR ATTACHMENT) 15,000.00 15,000.00 16 Shares 17 Shares 18 Shar	Director Name NONE			IDIRCO NAME				
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By: MAY 1 2012 Signature of Authorized Representative Date	File Date			Under penalty of pe this report, including	erjury, I declare and afing any accompanying	schedules and	statem	
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	Бу:				•		Date	

Print or Type Name of Authorized Representative