



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 129949		2. Exact name of the Corporation KNT ONE, PURL TOO, INC.		
3. Principal office address 406A Main Street		City Wakefield	State RI	Zip 02879
4. Business Phone No. 401 783-8883		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island Sale of yarn, knitting & crocheting accouterments & craft supplies; provide training & consultation in same.				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Regina Campbell		Vice-President Name Regina Campbell		
Street Address 11 Starflower Court		Street Address 11 Starflower Court		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI
Secretary Name Regina Campbell		Treasurer Name Regina Campbell		
Street Address 11 Starflower Court		Street Address 11 Starflower Court		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Regina Campbell		Director Name		
Street Address 11 Starflower Court		Street Address		
City Wakefield	State RI	Zip 02879	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE
100		Common		None

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 _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

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.

JAN 24 2013

Regina Campbell
Signature of Authorized Representative

1-21-13
Date

Regina Campbell

BY 5932 Print or Type Name of Authorized Representative