



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 2014

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. 5040 | | 2. Exact name of the Corporation KTB Inc. | | | |
| 3. Principal office address 3001 E. Main Rd. | | | City Portsmouth | State RI | Zip 02871 |
| 4. Business Phone No. (401) 683-9238 | | 5. State of Incorporation Rhode Island | | | |
| 6. Brief description of the character of business conducted in Rhode Island Retail store selling cloth and related items any other purpose | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name Terrence B. Bryce | | | Vice-President Name Kathleen M. Bryce | | |
| Street Address 112 Richard Dr. | | | Street Address 112 Richard Dr. | | |
| City Portsmouth | State RI | Zip 02871 | City Portsmouth | State RI | Zip 02871 |
| Secretary Name Kathleen M. Bryce | | | Treasurer Name Terrence B. Bryce | | |
| Street Address 112 Richard Dr. | | | Street Address 112 Richard Dr. | | |
| City Portsmouth | State RI | Zip 02871 | City Portsmouth | State RI | Zip 02871 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| 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. | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | | | 100 | | No par value |

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

Form No. 630
Revised: 01/2012

FILED
MAR 21 2014
6017

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.

Terrence B. Bryce

03/19/2014

Signature of Authorized Representative

Date

Terrence B. Bryce

Print or Type Name of Authorized Representative