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.	2. Exact name of the Corporation			
141205	KVL, INC			
3. Principal office address		City	State	Zip
806 HOPE STREET		PROVIDENCE	R.I	02906
4. Business Phone No.		5. State of Incorporation		
(401) 421 5760		RHODE ISLAND		

6. Brief description of the character of business conducted in Rhode Island

SALE OF LIQUOR, WINE AND SPIRIT and RELATED PRODUCT

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
KEVIN D. LE	8 ALYSSA LANE	LINCOLN	R.I	02865

Vice-President Name	Street Address	City	State	Zip
HANH T. VINH	8 ALYSSA LANE	LINCOLN	RI	02865

Secretary Name	Street Address	City	State	Zip
HANH T. VINH	8 ALYSSA LANE	LINCOLN	RI	02865

Treasurer Name	Street Address	City	State	Zip
KEVIN D. LE	8 ALYSSA LANE	LINCOLN	RI	02865

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

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CORPORATIONS DIV
SECRETARY OF STATE

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.		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

FILED
JUN 11 2014
BY CR226193

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 of Authorized Representative — Date: 5-30-14

KEVIN D. LE
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012