



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 2015

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. 106984		2. Exact name of the Corporation Kind Connection, Inc.	
3. Principal office address 180 Angell Street		City Providence	State RI
4. Business Phone No. 401 273-7665		Zip 02906	
5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island to own, operate retain stores selling candles, incense, oils, tapestries and other miscellaneous items			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name Christopher Calderon		Vice-President Name Christopher Calderon	
Street Address 68 Hope Street		Street Address 68 Hope Street	
City Providence	State RI	Zip 02906	City Providence
Secretary Name Christopher Calderon		Treasurer Name Christopher Calderon	
Street Address 68 Hope Street		Street Address 68 Hope Street	
City Providence	State RI	Zip 02906	City Providence
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
Director Name Christopher Calderon		Director Name	
Street Address 68 Hope Street		Street Address	
City Providence	State RI	Zip 02906	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐	
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
		8000	Common
		PAR VALUE	No Par

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

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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

Christopher Calderon, President

Print or Type Name of Authorized Representative