



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

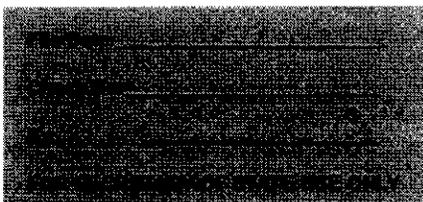
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2015**

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. 94737		2. Exact name of the Corporation K & M FASHIONS, INC.			
3. Principal office address 381 ELMWOOD AVENUE			City PROVIDENCE	State RI	Zip 02907
4. Business Phone No. (401) 941-4766			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island THE BUSINESS OF SELLING VARIOUS PRECIOUS MATALS JEWELRY AT RETAIL FOR PROFIT AND JEWELRY REPAIRS					
President Name KIM MUI LAY			Vice-President Name KIM MUI LAY		
Street Address 45 COHASSET LANE			Street Address SAME		
City CRANSTON	State RI	Zip 02921	City	State	Zip
Secretary Name KIM MUI LAY			Treasurer Name KIM MUI LAY		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
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
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	COMMON	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.



FILED
MAR 18 2015

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.

KIM MUI LAY 3-15-15
 Signature of Authorized Representative Date

KIM MUI LAY, PRESIDENT

Print or Type Name of Authorized Representative

BY 4468