



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. <u>141905</u>		2. Exact name of the Corporation <u>KVL, INC</u>		
3. Principal office address <u>806 Hope St</u>		City <u>PROVIDENCE</u>	State <u>R.I</u>	Zip <u>02906</u>
4. Business Phone No. <u>(401) 421-5760</u>		5. State of Incorporation <u>RHODE ISLAND</u>		
6. Brief description of the character of business conducted in Rhode Island <u>SALC OF LIQUOR, wine and spirits</u>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒				
President Name <u>KEVIN D. LE</u>		Vice-President Name <u>HANH T. VINH</u>		
Street Address <u>8 Alysia Lane</u>		Street Address <u>8 Alysia Lane</u>		
City <u>LINCOLN</u>	State <u>R.I</u>	Zip <u>02865</u>	City <u>LINCOLN</u>	State <u>R.I</u>
Secretary Name <u>HANH T. VINH</u>		Treasurer Name <u>KEVIN D. LE</u>		
Street Address <u>8 Alysia Lane</u>		Street Address <u>8 Alysia Lane</u>		
City <u>LINCOLN</u>	State <u>R.I</u>	Zip <u>02865</u>	City <u>LINCOLN</u>	State <u>R.I</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒				
Director Name <u>NONE</u>		Director Name <u>NONE</u>		
Street Address <u>NONE</u>		Street Address <u>NONE</u>		
City <u>NONE</u>	State <u>NONE</u>	Zip <u>NONE</u>	City <u>NONE</u>	State <u>NONE</u>
Director Name <u>NONE</u>		Director Name <u>NONE</u>		
Street Address <u>NONE</u>		Street Address <u>NONE</u>		
City <u>NONE</u>	State <u>NONE</u>	Zip <u>NONE</u>	City <u>NONE</u>	State <u>NONE</u>
9. SHARES AUTHORIZED				
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.				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☒				
NUMBER OF SHARES <u>100</u>		CLASS/SERIES <u>100</u>		PAR VALUE <u>NO PAR VALUE</u>

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

NOV 17 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.

Signature of Authorized Representative

Date

Print or Type Name of Authorized Representative

File Date

Check No.

By:

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