

## 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

## 

Filing Period: January 1 - March 1 · This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY M	IARCH 31 WILL RES	ULT IN A \$25.00 PEN	ALTY FEE.
Entity ID No.     Z. Exact name of the Corporation			· · · · · · · · · · · · · · · · · · ·
000797133 Kiel James Patrick	Enterprises	. Inc.	
3. Principal office address 925 Central Ave.	Pay ticket	State	Zip CARCI W
4. Business Phone No.	5. State of incorporat	ion	<b>9</b> 00
888-643-8663	Khode Islam	<u></u>	
6. Brief description of the character of business conducted in Rhode Island			7 8≥0
E-commerce sales of fashion accessories and cloth			
AUSTAL CERCEMENTER CONTROL CONTROL OF SECTION	Committee of the commit	dia di Santa	
President Name Kiel J. Mc Kiveraan	Vice-President Name	:	£ 050
Street Address	Sarah D // Street Address	iekeis	<del>00 &lt;                                  </del>
City O State Zip	925 Centra	Ave	Tzia
Pawtucket RI 02861	Pawtocket	RI	Zip 01861
Jeremy B. Savage	Treasurer Name	Savage.	
Street Address () 925 Centra Ave.	Street Address 925 Central	Ave.	
City Pawtucket State RI Zip 0286/	Pawtucket	State	Zip 0286/
8. UST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR			
Director Name Kiel J. Me Kivernan	an Director Name Sarah D. Vickers		
Street Address 925 Central Ave	Street Address	al Ave.	
Pawtucket State RI Zip 02861	City Pawtocket	State	<sup>Zip</sup> 02861
Director Name  Sereny B. Squage	Director Name		
Street Address 925 Central Ave.	Street Address		
Pautucket State Zip 0286/	City	State	Zip
9. SHARES AUTHORIZED	10. SHARES (SSUE)	CX BOX FOR ATTAC	
	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 filling. See Section 9 of instruction sheet.	1000	Single series/	30.01
		clas	s
This report must be executed on behalf of the corporation by an authorized			s of a receiver or trustee,
this report must be executed on behalf of			
File Dete	this report, including	erjury, I declare and ami ig any accompanying s ents contained herein a	rm that I have examined chedules and statements,
Check No 4:05p	om cour	dtf	3/8/16
Ву:	Signature of Author	zed Representative	Date
FOR SECRETARY OF STATE USE ONLY	Sem	W Sames	2
Form No. 630 MAR <b>0 8</b> 201 Revised: 01/2012 By 26960	סו	of Authorized Represent	auve
7/0/5			