

## 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

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

1. Entity ID No.		ne of the Corporation			
70101	KONAL	.D KO331, INC.			
3. Principal office address P.O. Box 6893			City Warwick	State RI	Zip <b>02887</b>
4. Business Phone No. 401-739-0688			5. State of Incorporate RHODE ISLANI		21
6. Brief description of the AUTO GLASS REF		conducted in Rhode Islan	d '		SECRET CORPO 2016 MAR
	(VANESANDAOD),	1489489 (U) (149) (46) (A)			
President Name Ronald Rossi			Vice-President Name Ronald Rossi	1	A POR
Street Address 207 Pettis Drive			Street Address 207 Pettis Drive		:II:
City Warwick	State RI	Zip <b>02889</b>	City Warwick	State RI	<sup>Zip</sup> <b>02889</b>
Secretary Name Ronald Rossi			Treasurer Name Ronald Rossi		
Street Address 207 Pettis Drive			Street Address 207 Pettis Drive		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>	City Warwick	State RI	Zip <b>02889</b>
B.P.S.PALEDIREGION	S (VAMES AND ADD	resses)/(exceptoxeed)	News Line		
Director Name Ronald Rossi			Director Name		COR.
Street Address 207 Pettis Drive			Street Address		RE TAR
City Warwick	State RI	Zip <b>02889</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address 5		
City	State	Zip	City	State	Zip
9) SHARES AUTHORIZE	Dan Silika		10 SHARES ISSUE	X(E) (NEIOX EORVATIAS)	MENT):
			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.			200	COMMON	NO PAR
This report must be exec	uted on behalf of the	corporation by an authorize	ed 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.



Form No. 630 Revised: 01/2012

ED

MAR 21 2016

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

**RONALD ROSSI** 

Print or Type Name of Authorized Representative