



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 2016

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. 110828		2. Exact name of the Corporation K.G. Roberts Associates, Inc.		
3. Principal office address 655 Main Street, Suite 212		City East Greenwich	State RI	Zip 02818
4. Business Phone No. 401-884-6221		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Jewelry - wholesale, retail, manufacturing.				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Elaine E. Roberts		Vice-President Name Kenneth G. Roberts		
Street Address 655 Main Street, Suite 212		Street Address 655 Main Street, Suite 212		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI
Secretary Name Elaine E. Roberts		Treasurer Name Elaine E. Roberts		
Street Address 655 Main Street, Suite 212		Street Address 655 Main Street, Suite 212		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Elaine E. Roberts		Director Name Kenneth G. Roberts		
Street Address 655 Main Street, Suite 212		Street Address 655 Main Street, Suite 212		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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) <input type="checkbox"/>				
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE
100		COMMON		NONE

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 By 270970

FILED
MAR 28 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.
Elaine E. Roberts 3/24/16
 Signature of Authorized Representative Date
Elaine E. Roberts, President
 Print or Type Name of Authorized Representative

ICM