RI SOS Filing Number: 201699003910 Date: 05/16/2016 2:18 PM

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.	2. Exact name of the Corporation		
943911	**The Kinderwagon Company**		
3. Principal office address: **25 Mill Street (1st Floor)**	City: **Newport**	State: **RI**	Zip: **02840**
4. Business Phone No.: **800-531-7130**	5. State of Incorporation: **Rhode Island**		
6. Brief description of the character of business conducted in Rhode Island: **Corporate Headquarters**			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: **Justin L. Shull**	Vice-President Name: **Jennifer Shull**
Street Address: **5 Gooseberry Road**	Street Address: **5 Gooseberry Road**
City: **Newport** State: **RI** Zip: **02840**	City: **Newport** State: **RI** Zip: **02840**
Secretary Name:	Treasurer Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

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:

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	CLASS/SERIES	PAR VALUE
2000	Common A	.01

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.

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.

01/01/2016
Signature of Authorized Representative — Date

Justin L. Shull
Print or Type Name of Authorized Representative

File Date
Check No
By:
FOR SECRETARY OF STATE USE ONLY

FILED 2:18
MAY 16 2016
By: 274359

RECEIVED
2016 MAY 16 P 2:18
SECRETARY OF STATE
CORPORATIONS DIV

Form No. 630
Revised: 01/2012
136970-3-1118733