



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 1410061		2. Exact name of the Corporation Knowles Systems Inc.			
3. Principal Office Address 873 Bancroft Place		City Lady Lake		State FL	Zip 32162
4. Business Phone Number 888-518-3113		5. State of Incorporation DE			
6. Brief description of the character of business conducted in Rhode Island Product Sales					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lynette M. Robbins			Vice-President Name none		
Street Address 873 Bancroft Place			Street Address		
City Lady Lake	State FL	Zip 32162	City	State	Zip
Secretary Name none			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Lynette M. Robbins			Director Name		
Street Address 873 Bancroft Place			Street Address		
City Lady Lake	State FL	Zip 32162	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		PAR VALUE
					No Par Value
11. 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.					
Name of Authorized Representative Lynette M. Robbins				Date 7/20/16	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

JUL 26 2016

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