

**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**

2017

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. 000907951		2. Exact name of the Corporation K & K INTERIORS, INC.			
3. Principal office address 2230 SUPERIOR STREET			City SANDUSKY	State OH	Zip 44870
4. Business Phone No. 419-627-0039			5. State of Incorporation OH		
6. Brief description of the character of business conducted in Rhode Island WHLSALE SALES-HOME DECOR					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name KYLE R CAMP			Vice-President Name ELIZABETH SMITH STMT 1		
Street Address 841 CROSSTREE LANE			Street Address 3831 WINDSOR BRIDGE CIR		
City SANDUSKY	State OH	Zip 44870	City HURON	State OH	Zip 44839
Secretary Name MARK P WALLS			Treasurer Name MARK P WALLS		
Street Address 841 CROSSTREE LANE			Street Address 841 CROSSTREE LANE		
City SANDUSKY	State OH	Zip 44870	City SANDUSKY	State OH	Zip 44870
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name KYLE R CAMP			Director Name		
Street Address 841 CROSSTREE LANE			Street Address		
City SANDUSKY	State OH	Zip 44870	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) <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			500		1

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

Form No. 630  
 Revised: 01/2012

FILED

OCT 14 2016

By 48673  
LL

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.

Elizabeth Smith 9/30/16  
 Signature of Authorized Representative Date

ELIZABETH SMITH  
 Print or Type Name of Authorized Representative

KKINTER K & K INTERIORS, INC.  
34-1865653  
FYE: 3/31/2016

7/19/2016 12:40 PM

**FD 90795**  
**Rhode Island Statements**

**Statement 1 - Form RI 630, Line 7 - Names and Addresses of Officers**

<u>Pos</u>	<u>First Name</u>	<u>Last Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
V	JOHN	BROOKS	32352 LEGACY POINTE PKWY	AVON LAKE	OH	44012

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OCT 14 2016

By 418673  
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