	State of Rhode Island and Providence Plantations	
	State of Rhode Island and Providence Plantations <b>Department of State - Business Services</b>	Division

Annual Report for the year:	2016
Limited Liability Company	

- → Filing period: September 1 November 1
   → Filing Fee: \$50.00
   → Penalty: Additional \$25.00 fee if form is not filed by December 1.

5. State of Formation RHODE ISLAND  6. Principal Office Address 141 FAIRGROUNDS ROAD  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name BETHANY S. CURTIS  City WEST KINGSTON RI 028:  Contact Title MEMBER	<del> </del>			
42 Wholesale Trade  5. State of Formation RHODE ISLAND  6. Principal Office Address 141 FAIRGROUNDS ROAD  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name BETHANY S. CURTIS  Street Address 141 FAIRGROUNDS ROAD  City WEST KINGSTON  Contact Title MEMBER  Street Address 141 FAIRGROUNDS ROAD  City WEST KINGSTON  State RI  Zip Contact Title MEMBER  Street Address 141 FAIRGROUNDS ROAD  All FAIRGROUNDS ROAD  Manager Name  Manager Name	2. Exact name of the Limited Liability Company  KCP Acquisition, LLC			
5. State of Formation RHODE ISLAND  6. Principal Office Address 141 FAIRGROUNDS ROAD  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name BETHANY S. CURTIS  Street Address 141 FAIRGROUNDS ROAD  City WEST KINGSTON  State RI  Zip 0  State RI  Zip 0  8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBER  Manager Name  Manager Name	4. Brief description of the character of business conducted in Rhode Island			
RHODE ISLAND  6. Principal Office Address 141 FAIRGROUNDS ROAD  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name BETHANY S. CURTIS  Street Address 141 FAIRGROUNDS ROAD  City WEST KINGSTON  State RI  Zip 0  Contact Title MEMBER  City WEST KINGSTON  State RI  Zip 0  Manager Name  Manager Name  Manager Name	MANUFACTURE, SALE AND DISTRIBUTION OF CLOTHING AND OTHER TEXTILE PRODUCTS			
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Manager Name Manager Name	12892			
	RS			
Street Address Street Address	Manager Name			
}	Street Address			
City State Zip City State Zip				
Manager Name Manager Name	Manager Name			
Street Address Street Address	Street Address			
City State Zip City State Zip	<del></del>			
Check the box to indicate a	n attachment			
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 64	12.			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedu statements, and that all statements contained herein are true and correct.	ıles and			
Name of Authorized Person Date				
BETHANY S. CURTIS 9/26/16				
Signature of Authorized Person				
2 Hay Studio				

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**