RI SOS Filing Number: 201730009260 Date: 01/12/2017 10:45 AM

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2017 JAN 12 AM 10:43

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
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	2. Exact name of the Corporation
001340849	**KT & T DISTRIBUTORS, INC.**

3. Principal Office Address	City	State	Zip
472 Amherst Street, Suite 12	**Nashua**	**NH**	**03063**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
81 - Other Services (except Pul	**WHOLESALE AND RETAIL SALES**
5. State of Incorporation: **NH**	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

~~President Name~~ CEO	Vice-President Name
Kevin M. Porter	Tim Rosenhymer
Street Address: 215 John Mowry Rd.	Street Address: 472 Amherst St.
City: Smithfield / State: RI / Zip: 02917	City: Nashua / State: NH / Zip: 03063
~~Secretary Name~~ President	Treasurer Name
Anthony DeCotis	
Street Address: 22 Hyacinth Rd.	Street Address:
City: Nashua / State: NH / Zip:	City: / State: / Zip:

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: **Kevin M. Porter**	Director Name:
Street Address: **215 John Mowry Road**	Street Address:
City: **Smithfield** / State: **RI** / Zip: **02917**	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 Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
730		0

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: **Kevin M. Porter**

Date: X 1/12/17

Signature of Authorized Representative: X Kevin M. Porter

FILED
JAN 12 2017

By 292952 10:45

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

147611-2-1155431

FORM 630 - Revised: 10/2016