



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.

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2017 JAN 30 AM 9:03

1. Entity ID Number 001049083		2. Exact name of the Corporation King Network Services Inc.			
3. Principal Office Address 336R South Washington Street		City Plainville	State CT	06062	
4. Business Phone Number (860)479-8029		5. State of Incorporation DE			
6. Brief description of the character of business conducted in Rhode Island Wireless Telecommunication consulting, construction, maintenance and upgrades.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David M. King			Vice-President Name N/A		
Street Address 336R South Washington Street			Street Address N/A		
City Plainville	State CT	Zip 06062	City N/A	State N/A	Zip N/A
Secretary Name Kaitlyn M. King			Treasurer Name N/A		
Street Address 336R South Washington Street			Street Address N/A		
City Plainville	State CT	Zip 06062	City N/A	State N/A	Zip N/A
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address N/A			Street Address N/A		
City N/A	State N/A	Zip N/A	City N/A	State N/A	Zip N/A
9. Shares Authorized This information is currently of record in the Department of State. 5,000.00 Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 5,000.00	CLASS/SERIES STK	PAR VALUE \$0.01	
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 Kaitlyn M. King				Date 12/30/2016	
Signature of Authorized Representative <i>Kaitlyn M. King</i>				SIGN DOCUMENT HERE	

FILED

9:04

JAN 30 2017

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

By *254381*

FORM 630 - Revised: 05/2016