



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

Annual Report for the year: 2017

Corporation

STAMP

FOR

- 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 119415		2. Exact name of the Corporation KL Communications, Inc.			
3. Principal Office Address 60 April Lane		City Tiverton		State RI	Zip 02878
4. NAICS Code 71 - Arts, Entertainment, and R	6. Brief description of the character of business conducted in Rhode Island The ownership, management, and operation of a fine furniture show and other trade and retail shows.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Karla Little			Vice-President Name None		
Street Address PO Box 11			Street Address		
City Tiverton	State RI	Zip 02878	City	State	Zip
Secretary Name Steven M. McInnis			Treasurer Name Karla Little		
Street Address 38 Bellevue Avenue, Suite H			Street Address PO Box 11		
City Newport	State RI	Zip 02840	City Tiverton	State RI	Zip 02878
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Karla Little			Director Name		
Street Address PO Box 11			Street Address		
City Tiverton	State RI	Zip 02878	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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		Common
			PAR VALUE		\$0.01 Par
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 Karla Little					Date 1/30/17
Signature of Authorized Representative 					FILED
SIGN DOCUMENT HERE					MAR 02 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 **1530**

FORM 630 - Revised 10/2014