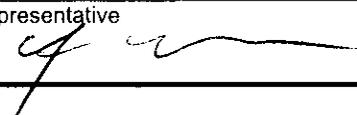




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 106984		2. Exact name of the Corporation Kind Connection, Inc.			
3. Principal Office Address 180 Angell Street			City Providence	State RI	Zip 02906
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island to own, operate retain stores selling candles, incense, oils, tapestries and other miscellaneous items			
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 Christopher Calderon			Vice-President Name Christopher Calderon		
Street Address 192 Hoyt Avenue			Street Address 192 Hoyt Avenue		
City East Providence	State RI	Zip 02916	City East Providence	State RI	Zip 02916
Secretary Name Christopher Calderon			Treasurer Name Christopher Calderon		
Street Address 192 Hoyt Avenue			Street Address 192 Hoyt Avenue		
City East Providence	State RI	Zip 02916	City East Providence	State RI	Zip 02916
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Christopher Calderon			Director Name		
Street Address 192 Hoyt Avenue			Street Address		
City East Providence	State RI	Zip 02916	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	PAR VALUE
			8000	Common	No 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. <i>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.</i>					
Name of Authorized Representative Christopher Calderon					Date
Signature of Authorized Representative 					

RECEIVED
 DEPT OF STATE
 BUSINESS SERVICES DIV
 2017 MAR 20 PM 12:04
 R.I. REGISTRY
 ZIP 02916

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

MAR 20 2017

BY 3910 DS