



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 <b>1663625</b>		2. Exact name of the Corporation <b>KNK, INC.</b>			
3. Principal Office Address <b>80 LAMBERT LIND HIGHWAY</b>		City <b>WARWICK</b>		State <b>RI</b>	Zip <b>02886</b>
4. NAICS Code <b>44-45 - Retail Trade</b>		6. Brief description of the character of business conducted in Rhode Island <b>CHILDREN HAIR CARE</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>AMY TILLOTSON</b>			Vice-President Name <b>AMY TILLOTSON</b>		
Street Address <b>80 LAMBERT LIND HIGHWAY</b>			Street Address <b>80 LAMBERT LIND HIGHWAY</b>		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>
Secretary Name <b>AMY TILLOTSON</b>			Treasurer Name <b>AMY TILLOTSON</b>		
Street Address <b>80 LAMBERT LIND HIGHWAY</b>			Street Address <b>80 LAMBERT LIND HIGHWAY</b>		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>AMY TILLOTSON</b>			Director Name		
Street Address <b>80 LAMBERT LIND HIGHWAY</b>			Street Address		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			0 CNP 0.00		
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.					
<b>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.</b>					
Name of Authorized Representative <b>AMY TILLOTSON</b>					Date <b>3/30/17</b>
Signature of Authorized Representative 					

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 31 2017**  
**By 299852**  
**A.A.**