KTYENT 04/17/2017 R14 SOS Filing Number: 201741836970 Date: 4/26/2017 4:00:00 PM

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.

Entity ID Number 2. Exact name of the Corporation									
000556981 KTY ENTERPRISES, INC.									
3. Principal Office Address				City			State	Zip	
253 ELMWOOD AVENUE				PROVI	IDENCE		RI	02907	
4. Business Phone Number				5. State of Incorporation					
774-266-1495				RI					
6. Brief description of the character	er of business cond	ucted	in Rhode Island						
GASOLINE & FOOD									
7. List ALL officers (names and addresses)					Check the box to indicate an attachment				
President Name				Vice-President Name					
KNAR BAGDASAROVA									
Street Address					Street Address				
160 PLEASANT VIE									
City	State	Zip		City		State		Zip	
SMITHFIELD	RI	0.	2917						
Secretary Name				Treasurer Name					
Street Address				Street Address					
City	State	Zip		City		State		Zip	
8. List ALL directors (names and	addresses)	l	 		C	heck the bo	x to indic	cate an attachment	
Director Name				Director Name					
Street Address				Street Address					
City	State	Zip		City	ity		1	Zip	
9. Shares Authorized	10. Shares Issued	Check the box to indicate an attachment							
This information is currently of record in the Department of State.							Ţ	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Changes as additional filing			100		COMMON				
Changes require an additional filing.									
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								23/17	
Signature of Authorized Representative KNAR O. BAGDASAROVA									
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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

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