



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

Annual Report for the year: 2018
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 51260		2. Exact name of the Corporation KEVIN J THORNTON ENTERPRISES INC.			
3. Principal Office Address 800 PROVIDENCE STREET			City WOONSOCKET	State R.I	Zip 02895
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island RETAIL LIQUORS STORE			
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name OMAIRA J. THORNTON			Vice-President Name NONE		
Street Address 12 KING PHILLIP PATH.			Street Address		
City MENDON	State MA	Zip 01756	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address NONE			Street Address NONE		
City	State	Zip	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
			600 SHS	COMMON NO PAR VALUE	\$ 1.00
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.					
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 OMAIRA J. THORNTON					Date
Signature of Authorized Representative <i>Omaira J Thornton</i>					DATE DOCUMENT FILED FILED

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
 JAN 02 2018
 BY 13488 *102*
 FORM 630 - Revised: 10/2017