



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.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 JAN 19 PM 12:29

1. Entity ID Number 70840		2. Exact name of the Corporation K.S.S. INC.			
3. Principal Office Address C/O JOSEPH RAHEB, ESQ., 650 WASHINGTON HWY.			City LINCOLN	State RI	Zip 02865
4. NAICS Code ood		6. Brief description of the character of business conducted in Rhode Island TO OPERATE A VIDEO/LOUNGE SELLING BEVERAGES AT RETAIL NAICS CODE: 722410			
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 RALPH N. NAPOLITANO			Vice-President Name RALPH N. NAPOLITANO		
Street Address 30 COLONY DRIVE			Street Address 30 COLONY DRIVE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name RALPH N. NAPOLITANO			Treasurer Name RALPH N. NAPOLITANO		
Street Address 30 COLONY DRIVE			Street Address 30 COLONY DRIVE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name RALPH N. NAPOLITANO			Director Name NONE		
Street Address 30 COLONY DRIVE			Street Address		
City JOHNSTON	State RI	Zip 02919	City	State	Zip
Director Name NONE			Director Name NONE		
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
			20		COMMON
					PAR VALUE
					NO PAR VALUE
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 RALPH N. NAPOLITANO					Date 12/26/17
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

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