



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 94737		2. Exact name of the Corporation K & M FASHIONS, INC.												
3. Principal Office Address 381 ELMWOOD AVENUE			City PROVIDENCE	State RI	Zip 02907									
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island THE BUSINESS OF SELLING VARIOUS PRECIOUS METALS JEWELRY AT RETAIL FOR PROFIT AND JEWELRY REPAIRS												
5. State of Incorporation RHODE ISLAND		451390												
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name KIM MUI LAY			Vice-President Name KIM MUI LAY											
Street Address 45 COHASSET LANE			Street Address SAME											
City CRANSTON	State RI	Zip 02921	City	State	Zip									
Secretary Name KIM MUI LAY			Treasurer Name KIM MUI LAY											
Street Address SAME			Street Address SAME											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	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 Check the box to indicate an attachment ☐											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>NO PAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	NO PAR			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	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. 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 KIM MUI LAY, PRESIDENT					Date 2-26-18									
Signature of Authorized Representative <i>Kim Mui Lay</i>					SIGN DOCUMENT HERE									

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

FEB 28 2018

BY 495405

FORM 630 - Revised: 10/2016