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	2. Exact name of the Corporation
94737	K & M FASHIONS, INC.

3. Principal Office Address	City	State	Zip
381 ELMWOOD AVENUE	PROVIDENCE	RI	02907

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
44-45 - Retail Trade	THE BUSINESS OF SELLING VARIOUS PRECIOUS METALS JEWELRY AT RETAIL FOR PROFIT AND JEWELRY REPAIRS
5. State of Incorporation	
RHODE ISLAND	452360

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 ☐

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	Date
KIM MUI LAY, PRESIDENT	2-26-18

Signature of Authorized Representative: Kim Mui Lay — SIGN DOCUMENT HERE

FILED

FEB 28 2018

BY 495405

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016