



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

FILED

MAR 02 2018 STAMP

BY 10577 JOL

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 141205		2. Exact name of the Corporation KVL, INC.			
3. Principal Office Address 806 HOPE ST			City PROVIDENCE	State RI	Zip 02906
4 NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island SALE OF BEER, WINE AND SPIRITS			
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 KEVIN D. LE			Vice-President Name HANH T. VINH		
Street Address 8 ALYSSA LANE			Street Address 8 ALYSSA LANE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name HANH T. VINH			Treasurer Name KEVIN D. LE		
Street Address 8 ALYSSA LANE			Street Address 8 ALYSSA LANE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			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			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
			100		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.					
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 KEVIN D. LE					Date 2/27/18
Signature of Authorized Representative <i>Kevin - Le</i>					SIGN DOCUMENT HERE