



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

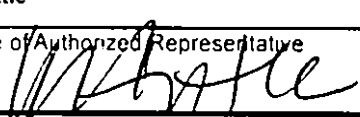
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FOR

→ 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 119415		2. Exact name of the Corporation KL Communications, Inc.			
3. Principal Office Address 60 April Lane		City Tiverton		State RI	Zip 02878
4. NAICS Code 561990		6. Brief description of the character of business conducted in Rhode Island The ownership, management, and operation of a fine furniture show and other trade and retail shows.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Karla Little			Vice-President Name None		
Street Address PO Box 11			Street Address		
City Tiverton	State RI	Zip 02878	City	State	Zip
Secretary Name Steven M. McInnis			Treasurer Name Karla Little		
Street Address 38 Bellevue Avenue, Suite H			Street Address PO Box 11		
City Newport	State RI	Zip 02840	City Tiverton	State RI	Zip 02878
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Karla Little			Director Name		
Street Address PO Box 11			Street Address		
City Tiverton	State RI	Zip 02878	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 100	CLASS/STRIKES Common	PAR VALUE \$.01 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 Karla Little				Date 2/7/18	
Signature of Authorized Representative 				SIGN DOCUMENT HERE 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

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BY 169405

FORM 630 - Revised: 10/2017