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.

STAMP FOR

1. Entity ID Number	2. Exact name of the Corporation			
119415	**KL Communications, Inc.**			
3. Principal Office Address		City	State	Zip
60 April Lane		**Tiverton**	**RI**	**02878**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
561990	**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	CLASS/SERIES	PAR VALUE
100	**Common**	**$.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: Karla Little

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

MAR 08 2018

BY 11694 DS

FORM 630 - Revised: 10/2017