	_	siness Services				
Annual Report for the Corporation	ie year:	2018				
→ Filing period: January	4 14h 4	<u> </u>	_			
→ Filing Fee: \$50.00						
→ Penalty: Additional \$2	5.00 fee if form in	is not filed by April 1.				
Entity ID Number	2. Exact n	name of the Corporatio			= <u></u> -	
00167672		Ration the Corporation				
3. Principal Office Address	THE	KICKA LIVE		· ,		
680 SUNBURY	RO		City		State	Zip
4. NAICS Code		<del></del>	DEUN		0 14	- 10 Su
442 299	6. Briet de	escription of the charac	cter of business	conducted in Rhode	Island	
	FUR	n Ithre	n and	239 ATT A	DETAG	· CE
5. State of Incorporation  D E		•	//v ~ <b>~</b>	71/5	IND Francis	/A.
7. List ALL officers (names an President Name	nd addresses)			Chec	to the foreign and	<del></del>
President Name  ASAFW  GEN			Vice-Presider	ant Name	the box to indic	icate an attachment [
Street Address		<del></del>	Direct Adden		<del>-</del>	
E80 SUN BUR			Street Addres	<b>is</b>		
City DEL PINORE	State	Zip	City		State	1
Secretary Name	N C	143017	_L_		State	Zip
JEWET BROW	NEIL		Treasurer Nar		<del></del>	
Street Address			Street Address	allen der		
City			680	70 mg 11/2	RJD	
OFLAMOR	State M C	5108haiz	City D Ele	PC, 2 novi	State	Zip
8. List ALL directors (names ar	nd addresses)	1 -13 -12	V 3 V .		_ D₩	13216
Director Name	-		Director Name	Check	the box to indicate	ate an attachment
Street Address				_		<del></del>
			Street Address	s		
City	State	Zip	City	<del></del>		
Director Name			City		State	Zip
Director Name			Director Name	,		
Street Address					- <u>-</u> _	
	<u>-</u>		Street Address			
City	State	Zip	City		State	<del></del>
9. Shares Authorized					Siale	Zip
his information is currently of re	ecord in the	10. Shares Issue	HADES .	Check t/	he box to indica	ate an attachment
repartment of State.		100	MREG	CLASSISERIES	<del></del>	PAR VALUE
Changes require an additional fili	ing.	<del></del>		(46)		0
1 Thus are a second			1			
TOTAL MILITARY AND AUDICIDA	.T				1	
1. This report must be executed tustee, this report must be executed funder penalty of perjury, I declared tatements, and that all statements.	'd on behalf of the	corporation by an aut.	horized represe	entative. If the corpora	ation is in the ha	ade of a receiver or

SIGN DOCUME MAIL TO:

PESC WIL

statements, and that all statements contained herein are true and correct.

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Name of Authorized Representative

Signature of Authorized Representative

2 1 2 177V

Website: www.sos.ri.gov

MAY 1 7 2018

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