



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

Annual Report for the year: **2019**
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

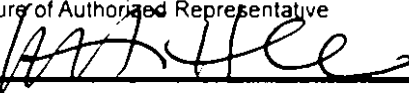
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FOR

BY

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|--|--------------------|---|---|-------------------------------|---------------------|
| 1. Entity ID Number 000119415 | | 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 <input type="checkbox"/> | | | | | |
| President Name Karla Little | | | Vice-President Name | | |
| Street Address PO Box 11, 60 April Lane | | | 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, 60 April Lane | | |
| 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 <input type="checkbox"/> | | | | | |
| Director Name Karla Little | | | Director Name | | |
| Street Address PO Box 11, 60 April Lane | | | 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 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. | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | |
| | | NUMBER OF SHARES 100 | CLASS/SERIES 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 1/22/19 | |
| Signature of Authorized Representative  | | | | SIGN DOCUMENT HERE | |

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov