



RI SOS Filing Number: 202035962690 Date: 3/6/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2020 MAR -6 A 9:18

Annual Report for the year: **2020**
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 1663625		2. Exact name of the Corporation KNK, INC.			
3. Principal Office Address 80 LAMBERT LIND HIGHWAY		City WARWICK		State RI	Zip 02886
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island CHILDREN HAIR CARE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name AMY TILLOTSON			Vice-President Name AMY TILLOTSON		
Street Address 80 LAMBERT LIND HIGHWAY			Street Address 80 LAMBERT LIND HIGHWAY		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Secretary Name AMY TILLOTSON			Treasurer Name AMY TILLOTSON		
Street Address 80 LAMBERT LIND HIGHWAY			Street Address 80 LAMBERT LIND HIGHWAY		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name AMY TILLOTSON			Director Name		
Street Address 80 LAMBERT LIND HIGHWAY			Street Address		
City WARWICK	State RI	Zip 02886	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 1000	CLASS/SERIES CNP	PAR VALUE 0.00
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 AMY TILLOTSON				Date 3/4/2020	
Signature of Authorized Representative <i>Amy M Tillotson</i>				FILED SIGN DOCUMENT HERE MAR 06 2020	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.govBY 180

FORM 630 - Revised: 10/2017