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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED R.I. DEPT. OF STATE EUS SVCS DIV

2020 MAR -6 A 9: 18

Annual Report for the year: 2020 Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

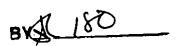
| → Penalty: Additional \$2 | 5.00 fee if form is no | t filed by April 1. | | | | | | |
|---|--|--|------------------|---------------------------|------------------------|-------------------------------------|--|--|
| 1. Entity ID Number 1663625 | | 2. Exact name of the Corporation KNK, INC. | | | | | | |
| 3. Principal Office Address 80 LAMBERT LIND HIGHV | ' | | State RI | Zip 02886 | | | | |
| 4. NAICS Code | 6. Brief descr | iption of the charac | ter of business | conducted in Rhoo | de Island | | | |
| 812990 | 1 | CHILDREN HAIR CARE | | | | | | |
| 5. State of Incorporation RI | | | | | | | | |
| 7. List ALL officers (names a | and addresses) | · · · · · · | | Cho | eck the box to indi | cate an attachment | | |
| President Name AMY TILLO | Vice-President Name AMY TILLOTSON | | | | | | | |
| Street Address 80 LAMBERT | Street Address 80 LAMBERT LIND HIGHWAY | | | | | | | |
| City WARWICK | State RI | Zip 02886 | City WARWICK | | State RI | Zip 02886 | | |
| Secretary Name AMY TILLO | Treasurer Name AMY TILLOTSON | | | | | | | |
| Street Address 80 LAMBERT | 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) | · · · · · · · · · · · · · · · · · · · | | Ch | eck the box to ind | icate an attachment 🔲 | | |
| Director Name AMY TILLOT: | SON | | Director Nam | e | | | | |
| Street Address 80 LAMBERT | 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 | | 10. Shares Iss | | | | k the box to indicate an attachment | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | 1000 | CNP | | SERRES PAR VALUE 0.00 | | | |
| | | | | | - | | | |
| 11. This report must be exec | cuted on behalf of the | corporation by an | authorized repre | I esentative. If the c | orporation is in the | hands of a receiver or | | |
| trustee, this report must be Under penalty of perjury, | l declare and affirm (| hat I have examin | ed this report, | | companying sch | edules and | | |
| statements, and that all st Name of Authorized Repres | | nerein are true al | па соггест. | <u> </u> | Date | | | |
| AMY TILLOTSON | | | | | | 12020 | | |
| Signature of Authorized Rep | presentative | SIGN DC | CUMENT HER | E | | | | |
| · (VIMU) ITI V | manger. | | MAR 0 5 2 | 020 | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



FORM 630 - Revised: 10/2017