

### e OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Dursion 100 North Main Street Providence, RI 02903-1335

401 222,3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2005

2 Name of Corporation  106984 Kind Connection, Inc.			$\bigcirc$				
Street Address Principal B	usmess Olices 4811 St.		toudeux	2 State AI	02908		
4 Business Phone No State of Incorporate.  279 - 7665  RHODE ISLAN			ation		6 SIC Oxle 3954		
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File Date	125/05
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By:	OA
FOR	SECRETARY OF STATE USE ONLY

Under penalty/of perjury, I declare and affirm that I have examined the	us report.
ncluding any accompanying schedules and statements, and that all s	tatements
Under penalty of perjury, I declare and affirm that I have examined the neluding any accompanying schedules and statements, and that all secondary of herein are true and correct.	

Title of Officer

Date



FOR SECRETARY OF STATE USE ONLY

### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_\_\_ 2004 Filing Period: January 1 - March 1 Filing Fee: \$50,00 (FORM MUST BE TYPED OR PRINTED IN BLACK) L. Corporate ID No. 2 Name of Corporation 106984 Kind Connection, Inc. 3. Street Address Principal City 5. State of Incorporation 7. Brief Description of the Character of Business Conducted in Rhode Island 3954 TO OWN AND OPERATE RETAIL STORES SELLING CANDLES, INCENSE, OILS, TAPESTRIES AND OTHER MISCELLANEOUS ITEMS. 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS President Nami Street Address State Zφ Treasurer Name Street Address Street Address City State OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Sincer Address State Zip Director Name Street Address Street Address State Zip City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 8,000 NO PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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 File Date

Edward S. Inman, III, Secretary of State Corporations Division

100 North Main Street, Providence, RI 02903-1335 401-222-3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_ Filing Period: January 1-March 1 • Filing Fee: \$50.00



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FOR SECRETAR	Y OF STATE USE ONLY

	Under penalty of perjury, I declare and affirm that I ha	ve examined
	this report, including any accompanying schedules and	statements, and
	that all parcylents contained hyrein are true and correct	rt.
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Form 630 12/02



# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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FOR SECRETARY OF STATE USE ONLY

\* (FORM MUST BE TYPED IN BLACK)

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

I. Corporate ID No.	2. Name of Corporation				
106984	Kind Connect	tion, Inc.	Zì		
3. Street Address Principal Businesy Of	fice		City / /	State ?	Zip
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4. Business Phone No.	1,, -	5. State of Incorporation	1 , -	/ / ·	6. SIC Code
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* 1 0 6 9 8 4 *	Under penalty of perjury, I declare and affirm that I have examined
the Date:	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.  Signatury of Officer  Date
OR SECRETARY OF STATE USE ONLY	Fint of Officer  Title of Officer

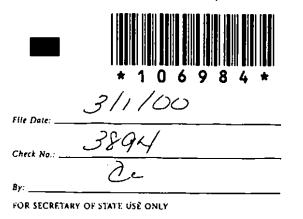


James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 106984 Kind Connection, Inc. 3. Street Address Principal Business Office providence RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island retall Clothing + gift Shop 8. NAMES AND ADDRESSES OF THE OFFICERS ("X BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS City City Zip City State Zio 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address City State City State Ζiρ Director Name Director Name Street Address Street Address City State Zip City State ZIP 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)" 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Class/Sertes Par Value Number of Shares Class/Series Par Value 8,000 NO PAR VALUE 100

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Signature of

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Title of Officer