



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 02903-1535  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 106984		2. Name of Corporation Kind Connection, Inc.			
3. Street Address Principal Business Office 180 Angell St.		City Providence		State RI	Zip 02906
4. Business Phone No. 273-7665		5. State of Incorporation RHODE ISLAND			6. SIC Code 3954
7. Brief Description of the Character of Business Conducted in Rhode Island 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Stephanie Sloim			Vice President Name		
Street Address 62 Genese Ct.			Street Address		
City Boulder	State CO	Zip 80303	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Stephanie Sloim			Director Name		
Street Address 62 Genese Ct.			Street Address		
City Boulder	State CO	Zip 80303	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			8000	Common	NPV

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



File Date	1/25/05
Check No.	2872
By:	DA
FOR SECRETARY OF STATE USE ONLY	

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 Officer

Date

Stephanie Sloim

Print or Type Name of Officer

Title of Officer



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)

1. Corporate ID No. <b>106984</b>		2. Name of Corporation <b>Kind Connection, Inc.</b>			
3. Street Address Principal Business Office <b>150 Angell St</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>	
4. Business Phone No. <b>401-273-7667</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>3954</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO OWN AND OPERATE RETAIL STORES SELLING CANDLES, INCENSE, OILS, TAPESTRIES AND OTHER MISCELLANEOUS ITEMS.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Stephanie Presster Sloim</b>			Vice President Name		
Street Address <b>150 Angell St.</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Stephanie Presster Sloim</b>			Director Name		
Street Address <b>150 Angell St.</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>8,000 NO PAR VALUE</b>			<b>2000</b>	<b>Common</b>	<b>NPV</b>

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



File Date	<b>2.9.04</b>
Check No.	<b>2411</b>
By:	<b>1UP</b>
FOR SECRETARY OF STATE USE ONLY	

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.

**Stephanie Presster Sloim**  
Signature of Officer  
**2-6-04**  
Date  
**Stephanie Presster Sloim**  
Print or Type Name of Officer  
**Pres**  
Title of Officer



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



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

106984

Kind Connection, Inc.

3. Street Address Principal Business Office

180 Angell ST.

City

Providence

State

R.I.

Zip

02906

4. Business Phone No.

401-273-7665

5. State of Incorporation

RHODE ISLAND

6. SIC Code

3954

7. Brief Description of the Character of Business Conducted in Rhode Island

Retail Gifts & Sportswear

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Stephanie Storn

Vice President Name

Street Address

180 Angell ST.

Street Address

City

Providence

State

R.I.

Zip

02906

City

State

Zip

Secretary Name

Treasurer Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

Providence

State

R.I.

Zip

02906

City

State

Zip

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/Series

Par Value

Number of Shares

Class/Series

Par Value

8,000 NO PAR VALUE

8000

Common

NPV

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



\* 1 0 6 9 8 4 \*

File Date

5-8-03

Check No.

2086

By

Stephanie Storn

FOR SECRETARY OF STATE USE ONLY

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 Officer

Date

Print or Type Name of Officer

Title of Officer



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



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **106984** 2. Name of Corporation **Kind Connection, Inc.**

3. Street Address Principal Business Office

**180 Angell ST**

4. Business Phone No.

**401-273-7665**

5. State of Incorporation

**RHODE ISLAND**

7. Brief Description of the Character of Business Conducted in Rhode Island

**Retail - Gifts**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

**FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

**Stephanie M. Honley**

Street Address

**180 Angell ST.**

City

**Providence**

Secretary Name

**Stephanie M. Honley**

Street Address

**180 Angell ST.**

City

**Providence**

Director Name

**Stephanie M. Honley**

Street Address

**180 Angell ST.**

City

**Providence**

Director Name

**Stephanie M. Honley**

Street Address

**180 Angell ST.**

City

**Providence**

Director Name

**Stephanie M. Honley**

Street Address

**180 Angell ST.**

City

**Providence**

Director Name

**Stephanie M. Honley**

Street Address

**180 Angell ST.**

City

**Providence**

Director Name

**Stephanie M. Honley**

Street Address

**180 Angell ST.**

City

**Providence**

City **Providence** State **RI** Zip **02902**  
6. SIC Code **3954**

Vice President Name

Street Address

City

State

Zip

Treasurer Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

**8000. - Common NPV**

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

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



\* 1 0 6 9 8 4 \*

**FILED**

File Date: **FEB 05 2002**

Check No.: **BY 001-28034**

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

**Stephanie Slom Honley** 2-4-02

**Stephanie Slom Honley**

**President**

Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **106984**  
2. Name of Corporation **Kind Connection, Inc.**  
3. Street Address Principal Business Office **183 Angell St.**  
4. Business Phone No. **401-273-7665**  
5. State of Incorporation **RHODE ISLAND**  
7. Brief Description of the Character of Business Conducted in Rhode Island **Retail**

City **Providence** State **RI** Zip **02906**  
6. SIC Code **3954**

## 8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

## FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **Stephanie Drexler Hawley**  
Street Address **61 Memorial Rd**  
City **Providence** State **RI** Zip **02906**  
Secretary Name **Stephanie Drexler Hawley**  
Street Address **61 Memorial Rd**  
City **Providence** State **RI** Zip **02906**

Vice President Name **Stephanie Drexler Hawley**  
Street Address **61 Memorial Rd**  
City **Providence** State **RI** Zip **02906**  
Treasurer Name **Stephanie Drexler Hawley**  
Street Address **61 Memorial Rd**  
City **Providence** State **RI** Zip **02906**

## 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

## FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **Stephanie Drexler Hawley**  
Street Address **61 Memorial Rd**  
City **Providence** State **RI** Zip **02906**

Director Name  
Street Address  
City State Zip

## 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

### AUTHORIZED SHARES

Number of Shares Class/Series Par Value

**8,000 NO PAR VALUE**

## 11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

### ISSUED SHARES

Number of Shares Class/Series Par Value

**8000 Common NPV**

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



\* 1 0 6 9 8 4 \*

File Date: **1/23**

Check No.: **1108**

By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

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 Officer **Stephanie Hawley** Date

Print or Type Name of Officer **Stephanie Hawley**

Title of Officer **Pres**



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

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. **106984** 2. Name of Corporation **Kind Connection, Inc.**

3. Street Address Principal Business Office **183 Angell st** City **providence** State **RI** Zip **02906**  
4. Business Phone No. **401-273-7665** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5954**

7. Brief Description of the Character of Business Conducted in Rhode Island

**retail clothing + gift shop, smoke shop**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Stephanie Hanley</b>	Vice President Name <b>Stephanie Hanley</b>
Street Address <b>61 memorial rd</b>	Street Address <b>same</b>
City <b>prov</b>	City <b>same</b>
State <b>RI</b>	State <b>same</b>
Zip <b>02906</b>	Zip <b>same</b>
Secretary Name <b>Gary Hanley</b>	Treasurer Name <b>Stephanie Hanley</b>
Street Address <b>same</b>	Street Address <b>same</b>
City <b>same</b>	City <b>same</b>
State <b>same</b>	State <b>same</b>
Zip <b>same</b>	Zip <b>same</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Ø none</b>	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>8,000 NO PAR VALUE</b>		

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>100</b>		

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



\* 1 0 6 9 8 4 \*

File Date: **3/1/00**

Check No.: **3894**

By: **ce**

FOR SECRETARY OF STATE USE ONLY

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.

**Stephanie Hanley** **225-00**  
Signature of Officer Date

**Stephanie Hanley**  
Print or Type Name of Officer

**president**  
Title of Officer