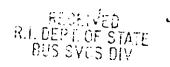
RI SOS Filing Number: 202193527360 Date: 3/3/2021 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2021 Corporation



STAMP

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→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

2021 MAR -3 AM 11: 36

Entity ID Number	2 Exact nam	2 Exact name of the Corporation					
70840	K.S.S. IN	IC.					
3. Principal Office Address			City		State	Zıp	
c/o joseph Raheb, ESQ., 650 GEORGE WASHINGTON HWY.			LINCOLN		RI	02865	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
722410	TO OPERATE A VIDEO/LOUNGE SELLING BEVERAGES AT RETAIL						
5. State of Incorporation	1						
RHODE ISLAND							
7. List ALL officers (names and ad-	dresses)			Check	the box to i	ndicate an attachment 🔲	
President Name STEVE LEONARD			Vice-President Name STEVE LEONARD				
Street Address 125 WASHINGTON STREET			Street Address 125 WASHINGTON STREET				
City PROVIDENCE	State RI	^{Zip} 02903	City PROVIDENCE		State	Zip	
Secretary Name STEVE LEONARD			Treasurer Name STEVE LEONARD				
Street Address 125 WASHINGTON STREET			Street Address 125 WASHINGTON STREET				
PROVIDENCE	State RI	Zıp 02903	City PROVIDENCE		State RI	^{Z₁p} 02903	
8. List ALL directors (names and a	ddresses)				the box to i	ndicate an attachment 🔲	
Director Name STEVE LEONARD			Director Name NONE				
Street Address 125 WASHINGTON STREET			Street Address				
City PROVIDENCE	State RI	Zıp 02903	City		State	Zip	
Director Name NONE			Director Name NONE				
Street Address			Street Address				
City	State	Zıp	City	-	State	Žip	
9. Shares Authorized	10. Shares Iss	10. Shares Issued Check the box to indicate an attachment □					
This information is currently of record in the Department of State. Changes require an additional filing.		NUVBER OF		CLASS/SERIES PAR VALUE			
		20	20		COMMON		
11. This report must be executed of					oration is in	the hands of a receiver or	
trustee, this report must be execut Under penalty of perjury, I decla					20201100 0	shadular and	
statements, and that all stateme				including any accom	iipaiiyiiiy s	chedules and	
Name of Authorized Representative					Date		
JOSEPH RAHEB EXECUTOR					2-	2-23-2021	
Signature of Authorized Represent	ative 4	SIGN DO	CUMENT HER	 E			
Signature of Authorized Representative Torgh Gawy Gewisian DOCUMENT HERE FILED							

Division of Business Services

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

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

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FORM 630 - Revised: 10/2017