



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2021**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

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BUS SVCS DIV

2021 MAR -3 AM 11:36

STAMPFOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 70840		2. Exact name of the Corporation K.S.S. INC.			
3. Principal Office Address c/o Joseph Raheb, ESQ., 650 GEORGE WASHINGTON HWY.			City LINCOLN		State RI
					Zip 02865
4. NAICS Code 722410		6. Brief description of the character of business conducted in Rhode Island TO OPERATE A VIDEO/LOUNGE SELLING BEVERAGES AT RETAIL			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name STEVE LEONARD			Director Name NONE		
Street Address 125 WASHINGTON STREET			Street Address		
City PROVIDENCE	State RI	Zip 02903	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			20		COMMON
					PAR VALUE
					NO PAR VALUE
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 JOSEPH RAHEB, EXECUTOR					Date 2-23-2021
Signature of Authorized Representative <i>Joseph Raheb, Executor</i> SIGN DOCUMENT HERE					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED**MAR 03 2021**

KL 108

FORM 630 - Revised: 10/2017