



State of Rhode Island
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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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 JUN -7 A 10:54

1. Entity ID Number 141205		2. Exact name of the Corporation KVL, INC			
3. Principal Office Address 806 HOPE STREET			City PROVIDENCE	State R.I	Zip 02906
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island SALE OF LIQUORS AND WINES			
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 KEVIN D. LE			Vice-President Name HANH T. VINH		
Street Address 683 HOPE ST			Street Address 683 HOPE ST		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State R.I	Zip 02906
Secretary Name HANH T. VINH			Treasurer Name KEVIN D. LE		
Street Address 683 HOPE ST			Street Address 683 HOPE ST		
City PROVIDENCE	State R.I	Zip 02906	City PROVIDENCE	State RI	Zip 02906
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100			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 					Date JUNE 7. 2021
Signature of Authorized Representative KEVIN D. LE					

FILED

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BY 