



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP

 RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 JAN 19 2024

1. Entity ID Number <u>001753546</u>		2. Exact name of the Corporation <u>KLV, Inc.</u>	
3. Principal Office Address <u>754 Farm St.</u>		City <u>Woonsocket</u>	State <u>RI</u>
Zip <u>02895</u>			
4. NAICS Code <u>722511</u>	6. Brief description of the character of business conducted in Rhode Island <u>Japanese and Chinese Restaurant.</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Kien V. LE</u>		Vice-President Name <u>Kim Phuong</u>	
Street Address <u>1799 Old Louisgmisset pike</u>		Street Address <u>1799 Old Louisgmisset pike</u>	
City <u>Lincoln</u>	State <u>RI</u>	Zip <u>02865</u>	City <u>Lincoln</u>
State <u>RI</u>	Zip <u>02865</u>	City <u>Lincoln</u>	State <u>RI</u>
Zip <u>02865</u>	Treasurer Name		
Secretary Name		Street Address	
Street Address		City	
City	State	Zip	City
State	Zip	City	State
Zip	City		
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>Kien V. LE</u>		Director Name <u>Kim Phuong</u>	
Street Address <u>1799 Old Louisgmisset pike</u>		Street Address <u>1799 Old Louisgmisset pike</u>	
City <u>Lincoln</u>	State <u>RI</u>	Zip <u>02865</u>	City <u>Lincoln</u>
State <u>RI</u>	Zip <u>02865</u>	City <u>Lincoln</u>	State <u>RI</u>
Zip <u>02865</u>	Director Name		
Street Address		Street Address	
City		City	
City	State	Zip	City
State	Zip	City	State
Zip	City		
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<u>100</u>	
		<u>CWP</u>	
		<u>0.01</u>	
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 <u>X Kien V. LE</u>		Date <u>01/19/24</u>	
Signature of Authorized Representative <u>[Signature]</u>		FILED 341	
		JAN 19 2024	
		BY <u>1027</u>	

MAIL TO:

Division of Business Services

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

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