			1
State of Rhode Island Office of the Secretary of State			Fee: \$50.00
Division Of Business Services			
148 W. River Street			
Providence RI 02904-2615			
(401) 222-3040			
Limited Liability Company			
Annual Report Filing Period: September 1 - November 1			
riing Penoa. September T	- NOVERIDER T		
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR:			
1. ID No. <u>000789641</u>			
2. Exact Name of the Limited Liability Company <u>KEYSTONE NOVELTIES DISTRIBUTORS,</u> <u>LLC</u>			
3. State of Formation			
State: PA			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on <u>NAICS</u> can be found online.			
<u>453998</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
TEMPORARY SALES OF STATE APPROVED JULY 4TH NOVELTY ITEMS			
			<u> </u>
5. Principal Office Addre	SS		
No. and Street: 201 S	SEYMOUR STREET		
		: <u>PA</u> Zip: <u>17603</u>	Country: <u>USA</u>
6. Mailing Address of Lir	nited Liability Company and Name	or Title of Contact Pe	erson:
Contact Name: JOHN MAY Contact Title: MANAGING DIRECTOR			
No. and Street: 201 S	EYMOUR STREET		0
City or Town: <u>LANC</u>	CASTER State	: <u>PA</u> Zip: <u>17603</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Addro	ess
	First, Middle, Last, Suffix	Address, City or Town, St	

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 20 Day of September, 2021 at 9:25:23 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JOHN F MAY

Signature of Authorized Person

Form No. 632 Revised 09/07

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