RI SOS Filing Number: 200838219230 Date: 12/04/2008 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

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.

1. ID No.	2. Exact name of the limited liability company		
162834	S+K Enterprises LLC		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
R.I	Holding Company for Stock of Investments		
5. Principal office address 30 Exchange Terrace Commerce Center 3rd Floor	City Providence	State R.I	Zip 02903

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Stanley Kieon	General Manager		
Street Address	City	State	Zip
141 Cranberry Rd.	No. Attleboro	Ma.	02760

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
Stanley Kieon	141 Cranberry Rd.	No Attleboro	Ma.	02760
Manager Name	Street Address	City	State	Zip
Kristofor Kieon	176 Mt. Hope St.	No Attleboro	Ma.	02760
Manager Name	Street Address	City	State	Zip
Manager Name	Street Address	City	State	Zip

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

Agent Name	Address	City	Zip
~~Jeffrey + Franey~~	~~30 Exchange Terrace~~ 3rd Floor		
~~Providence~~		R.I	02903

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

[redacted] [redacted]

FILED

File Date DEC 04 2008

Check No. By 8210

By: 28410-7-304739

FOR SECRETARY OF STATE USE ONLY

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.

Stanley Kieon 12-2-08

Signature of Authorized Person *Date*

Stanley Kieon

Print or Type Name of Authorized Person

[redacted]

Form 632 Rev. 07/07