RI SOS Filing Number: 201445856940 Date: 09/11/2014 4:00 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the limited liability company
861063	**KNOWLES HOLDINGS, LLC**
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island
Delaware	**to engage in any lawful act or activity for which limited liability companies may be organized under the Act.**

5. Principal office address	City	State	Zip
270 Bellevue Avenue #367	**Newport**	**RI**	**02840**

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

Contact Name	Contact Title
Thomas M. Kibarian	**Member**

Street Address	City	State	Zip
270 Bellevue Avenue #367	**Newport**	**RI**	**02840**

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
Thomas M. Kibarian	**John K. Kibarian**
Street Address	Street Address
270 Bellevue Avenue #367	**23351 Camino Hermoso Drive**
City / State / Zip	City / State / Zip
Newport / RI / 02840	**Los Altos Hills / CA / 94024**
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8. RESIDENT AGENT IN RHODE ISLAND:
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

File Date
Check No.
By
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.

9/8/14
Signature of Authorized Person — Date

Thomas M. Kibarian
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012

FILED
SEP 11 2014
BY 21336

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