



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. 93751		2. Exact name of the limited liability company The Kayak Centre at Wickford Cove, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Retail Sales			
5. Principal office address 9 Phillips Street, Waterside		City Wickford	State RI	Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Jeffrey B. Shapiro		Contact Title Manager			
Street Address 9 Phillips Street, Waterside		City Wickford	State RI	Zip 02852	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Jeffrey B. Shapiro		Manager Name Deborah Shapiro			
Street Address 9 Phillips Street, Waterside		Street Address 9 Phillips Street, Waterside			
City Wickford	State RI	Zip 02852	City Wickford	State RI	Zip 02852
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.					

FILED

OCT 20 2014

BY 25350

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.

Jeffrey Shapiro
 Signature of Authorized Person

10/17/14
 Date

Jeffrey B. Shapiro

Print or Type Name of Authorized Person