



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 2015

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. <u>789203</u>		2. Exact name of the limited liability company <u>KAYAAN LLC</u>			
3. State of Formation <u>PROVIDENCE RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>BUSINESS DEVELOPMENT</u>			
5. Principal office address <u>49 NORTH AVENUE</u>		City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02906</u>	
6. CONTACT INFORMATION OF LIMITED LIABILITY COMPANY AND NAME OF TITLE OF CONTACT PERSON					
Contact Name <u>RAFA SAAB</u>		Contact Title <u>FOUNDER</u>			
Street Address <u>49 NORTH AVENUE</u>		City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02906</u>	
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 <u>—</u>		Manager Name <u>—</u>			
Street Address <u>—</u>		Street Address <u>—</u>			
City <u>—</u>	State <u>—</u>	Zip <u>—</u>	City <u>—</u>	State <u>—</u>	Zip <u>—</u>
Manager Name <u>—</u>		Manager Name <u>—</u>			
Street Address <u>—</u>		Street Address <u>—</u>			
City <u>—</u>	State <u>—</u>	Zip <u>—</u>	City <u>—</u>	State <u>—</u>	Zip <u>—</u>
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 19 2015

BY 309

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.

Rafa Saab 10.10.15
Signature of Authorized Person Date
RAFA SAAB
Print or Type Name of Authorized Person