

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.	2. Exact nar	ne of the limited lia	ability company			
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001036352	1 Kh	de Isla	nd Kea	d tood 1	DUYS LL	_
3, State of Formation	4. Brief desc	cription of the char	acter of busines	s conducted in Rhode	e Island	
RI	Wal	King Fo	adTo	JY		
5. Principal office address		3	City	Jarren	State	Zip 0885
6. MAILING ADDRESS OF LIN	IITED LIABILIT	Y COMPANY AN			ERSON:	
taula Sil	υc—		Con	tact Title	2	
Street Address 28 Lyndon	n St		City	Jarren	State 2	Zip 02885
7. LIST ALL MANAGERS (NA ("X" BOX FOR ATTACHMEN	MES AND ADD	RESSES) OF TH	E LIMITED LIA	BILITY COMPANY, IF	APPLICABLE - DO N	OT LIST MEMBERS
Manager Nama			Man	ager Name		
Street Address		•	Stre	et Address		
0:4	TIZE Y					
City	State	Zip	_ City		State	Zip
Manager Name		<u>- </u>	Man	ager Name		
Street Address			Stree	et Address		
			Oli Ci	ac Address		
City	State	Zip	City		State	Zip
A DECIDENT LOCATION				<u>-</u>		
8. RESIDENT AGENT IN RHOD		548				
This information is currently o	record in the	Office of the Se	cretary of State	. Changes require fi	ling Form 642.	

FILED a

File Date	JUN 0 6 2016	Under penalty of perjury, I declare and affirm that I have this report, including any accompanying schedules and	examined statements
Check No	2a6	and that all statements contained herein are true and co	
Ву:		Signature of Authorized Person	Date
FOR SECRETARY OF STATE USE ONLY	,	Print or Type Name of Authorized Person	-PARTIE A

Form No. 632 Revised: 01/2012