

ALUÉTYED SECRETARY OF STATE COUPERATIONS DIV

2016 JUL 15 AM 10: 54

Annual Report for the year:	2015
Limited Liability Company	

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- -> Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	To Evactor	ama of the Limite	ad Liability Company				
000797095	2. Exact name of the Limited Liability Company KB LLC						
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island						
RI	FRANCHISE SALES AND MANAGEMENT						
5. Principal Office Address			City	State	Zip		
375 PUTNAM PIKE			GREENVILLE	RI	02828		
6. Mailing Address of Limited Lia	bility Compa	any and Name or					
Contact Name XUELI CHEN			Contact Title MEMBER	Contact Title MEMBER			
Street Address 375 PUTNAM PIKE			City GREENVILLE	State RI	^{Zip} 02828		
7. List ALL managers (names ar	nd addresser	s) of the Limited	Liability Company, IF APPLICABL	E - DO NOT LIST	MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
				Check the box to	indicate an attachment		
8. Resident Agent in Rhode Islan	nd. This inform	nation is currently	of record in the Department of State. C	Changes require filing	Form 642.		
Under penalty of perjury, I deci statements, and that all statem			examined this report, including true and correct.	any accompanyir	ng schedules and		
Name of Authorized Person		· · ·		Date	/ /		
XUELI CHEN	· <u>-</u>			1 7/	12/16		
Signature of Authorized Person		SIGN I	DOCUMENT HERE				

FILED

JUL 15 2016 10:57

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov By Le 279102