Sta	ate of Rhode Island and F Office of the Secre		NS Fee: \$50.00
	Division Of Busin	ess Services	
	148 W. River	Street	
	Providence RI 02		
HOPE	(401) 222-	3040	
_imited Liability Comp	anv		
Annual Report			
Filing Period: September 1 -	November 1		
	7-16-66(d), each limited liability co thirty (30) days after the time pre enalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2016		
1. ID No. <u>001007688</u>			
2. Exact Name of the Lim	ited Liability Company Ikitch	ens Etc, LLC	
3. State of Formation			
State: MA			
	ARTICLE II		
Using the following NAICS of	odes please select the code the	t best describes your busi	ness
Using the following NAICS o	codes, please select the code that	t best describes your busi	ness.
Using the following NAICS of NAICS Code	codes, please select the code that	t best describes your busi	ness. <u>23</u>
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NAICS Code		6	<u>23</u>
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

REGISTERED AGENTS INC. ONE RICHMOND SQUARE, SUITE 125B PROVIDENCE, RI 02906

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 12 Day of September, 2016 at 9:49:55 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>RICHARD CARL</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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