	State of Rhode Island and Pro Office of the Secreta		ONS Fee: \$50.0
	Division Of Business 148 W. River S		
HOPE	Providence RI 0290 (401) 222-30		
Limited Liability Co	mpany		
Annual Report Filing Period: September	1 - November 1		
	L. 7-16-66(d), each limited liability com hin thirty (30) days after the time presc a penalty fee of \$25.00.		
ANNUAL REPORT YEAI	R : <u>2016</u>		
1. ID No. <u>0002745</u>	78		
2. Exact Name of the l	Limited Liability Company <u>KB Surf</u>	aces, LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
Using the following NAIC	S codes, please select the code that b	est describes your bu	siness.
Using the following NAIC		est describes your bu	7
NAICS Code		6	44-45
NAICS Code	S codes, please select the code that b	6	44-45
AICS Code	CS codes, please select the code that b the Character of the Business Which	6	44-45
NAICS Code 4. Brief Description of market RETAIL COUNTERT 5. Principal Office Added No. and Street: 35	CS codes, please select the code that be the Character of the Business Which OPS ress	is Actually Conduc	44-45 ted in Rhode Island
NAICS Code 4. Brief Description of market RETAIL COUNTERT 5. Principal Office Added No. and Street: 35	CS codes, please select the code that b the Character of the Business Which OPS	is Actually Conduc	44-45
NAICS Code 4. Brief Description of the second sec	CS codes, please select the code that be the Character of the Business Which OPS ress	is Actually Conduct	ted in Rhode Island Country: <u>USA</u>
NAICS Code 4. Brief Description of a RETAIL COUNTERT 5. Principal Office Adda No. and Street: 35 City or Town: 11 6. Mailing Address of L Contact Name: BRIAN	CS codes, please select the code that be the Character of the Business Which OPS ress 5 LANTERN ROAD INCOLN State: Limited Liability Company and Name BECK Contact Title:	is Actually Conduct	ted in Rhode Island Country: <u>USA</u>
NAICS Code 4. Brief Description of the second street RETAIL COUNTERT 5. Principal Office Address No. and Street: 34 City or Town: Lity 6. Mailing Address of L Contact Name: BRIAN No. and Street: 35	CS codes, please select the code that be the Character of the Business Which OPS ress 5 LANTERN ROAD INCOLN State: Limited Liability Company and Name	a is Actually Conduct RI Zip: 02865 e or Title of Contact	ted in Rhode Island Country: <u>USA</u>
NAICS Code 4. Brief Description of a RETAIL COUNTERT 5. Principal Office Adda No. and Street: 35 City or Town: 11 6. Mailing Address of L Contact Name: BRIAN No. and Street: 35 City or Town: LI	CS codes, please select the code that be the Character of the Business Which OPS ress 5 LANTERN ROAD INCOLN State: imited Liability Company and Name BECK Contact Title: LANTERN ROAD NCOLN State: Def Each Manager of the Limited Liab	Image: A constant of the second state of the second sta	44-45 ted in Rhode Island Country: USA Person: Country: USA
NAICS Code 4. Brief Description of a RETAIL COUNTERT 5. Principal Office Adda No. and Street: 35 City or Town: 11 6. Mailing Address of L Contact Name: BRIAN No. and Street: 35 City or Town: 11 7. Name and Address 6	CS codes, please select the code that be the Character of the Business Which OPS ress 5 LANTERN ROAD INCOLN State: imited Liability Company and Name BECK Contact Title: LANTERN ROAD NCOLN State: Def Each Manager of the Limited Liab	Image: A constraint of the second	44-45 ted in Rhode Island Country: USA Person: Country: USA

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

RICHARD S. MITTLEMAN, ESQ. 301 PROMENADE STREET PROVIDENCE, RI 02908

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

Signed this 21 Day of September, 2016 at 1:51:25 PM 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 BRIAN BECK

Signature of Authorized Person

Form No. 632 Revised 09/07

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