	. State of Rhode Island and Providence Plantations
	. State of Rhode Island and Providence Plantations Department of State - Business Services Division

Annual Report for the year: **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.

Entity ID Number	ntity ID Number 2. Exact name of the Limited Liability Company					
533104	SK Mana	gement Service	es, LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
			of providing human resource consulting, production efficiency			
5. State of Formation consultation, food safety			y training and all other lawful	lly related purposes.	,	
Rhode Island						
6. Principal Office Address	<u>. </u>		City	State	Zip	
11 Grandstand Drive			Lincoln	RI	02865	
7. Mailing Address of Limited Lia	bility Comp	any and Name o	r Title of Contact Person		<u> </u>	
Contact Name Xaysana Khamsy	voravong		Contact Title Member			
Street Address 11 Grandstand D	rive		City Lincoln	State RI	^{Zip} 02865	
8. List ALL managers (names ar	d addresse	s) of the Limited	Liability Company, IF APPLICA	ABLE - DO NOT LIST I	MEMBERS	
Manager Name			Manager Name			
Street Address		···	Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address	,		Street Address			
City	State	Zip	City	State	Zip	
				Check the box to in	ndicate an attachment	
Resident Agent in Rhode Island	d. This inform	nation is currently	of record with the Department of Si	tate. Changes require filin	g Form 642.	
Under penalty of perjury, I decl statements, and that all statem	are and aff ents conta	irm that I have (ined herein are	examined this report, includi true and correct.	ng any accompanying	g schedules and	
Name of Authorized Person	_			Date	1 / 1 / /	
Xaysana Khamsyvoravong				10	//////	
Signature of Authorized Person	mpan	, Kh	an One			
	1	~ / WII			FILED	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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

FORM 632 - Revised: 08/2016