State of Rhode Island and Providence Plantations					
Department of State - Business Services Division					
Annual Report for the year: 200 Limited Liability Company  → Filing period: September 1 - November 1 → Filing Fee: \$50.00					2016 OCT 28
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.					A STATE
1. Entity ID Number 2. Exact name of the Limited Liability Company					= =====================================
538667	KARN ENTERPRISED 120				
3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island					
48-49					
5. State of Formation					
	(45/v	Wy of	mails	<del></del>	
6. Principal Office Address		, -	City	State	Zip
81 ree et			1/4wheretest	12]	12861
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name  Contact Title					
Kwaku Hale inginase					
Street Address S1 Ke C S4			City Parwhecket	State	Sip C) JC
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name		Manager Name			
Street Address			Street Address		
City)	State	Zip	City	State	7in
2		_   ~ 		Jiale	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Person  Harrison				Date (0/17/16	
Signature of Authorized Person					
te/ nt.					

MAIL TO:

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

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

OCT 28 2016

By 287163