

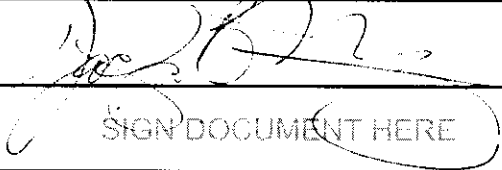


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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Annual Report for the year: 2016
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 1288423		2. Exact name of the Limited Liability Company KALI, LLC			
3. NAICS Code 72 - Accommodation and F		4. Brief description of the character of business conducted in Rhode Island Restaurant, food service.			
5. State of Formation RI					
6. Principal Office Address 22 Narragansett Avenue		City Jamestown	State RI	Zip 02835	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Jaclyn B. Mignone			Contact Title President		
Street Address 22 Narragansett Avenue		City Jamestown	State RI	Zip 02835	
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	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
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 Jaclyn B. Mignone, President			Date 10/24/16		
Signature of Authorized Person 			SIGN DOCUMENT HERE		

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
 NOV 01 2016
 By 11058 A.A.
 FORM 632 - Revised: 08/2016