State of Rhode Island and Providence Plantations					
Department of State - Business Services Division					
Annual Report for the year:					218 P.
→ Filing period: September 1 - November 1					
→ Filing Fee: \$50.00					o 393
-> Penalty: Additional \$25.00 fee if form is not filed by December 1.					P PSTD
1. Entity ID Number	2. Exact name of the Limited Liability, Company				: A
916039	Kaneland LLC				02
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
81	A mobile Application Development Company				
5. State of Formation					
RI.					O
6. Principal Office Address			City	State	Zip
30 Exchange Terroce			Providena	RI	02703
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name PAUL C. HAUN			CEO/Founder		
Street Address			City	State	Zip
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
			Che	ck the box to indi-	cate 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 Date					
PAUL C. HAUN 4 11-18					16
Signature of Authorized Person					
P~ 74-					

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 1 8 2016

By C 12948938

FORM 632 - Revised: 08/2016