

2016 MOY 28 AM 11: 41

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	To Evert name	of the Limited Lia	abilib. Carrany	<del></del>				
104092	1		ability Company					
104092	KICH GROOF	RICH GROUP, LLC						
3. NAICS Code		4. Brief description of the character of business conducted in Rhode Island						
81 - Other Services (except Pul	TO MANUFACTURE AND SELL PAPER BOXES AND DISPLAYS							
5. State of Formation								
RHODE ISLAND								
6. Principal Office Address	<u></u>		City	State	Zip			
1284 PLAINFIELD STREET		JOHNSTON	RI	02919				
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name ALFRED A. RICCIO		Contact Title MANAGER						
Street Address 1284 PLAINFIED STREET		City JOHNSTON	State RI	<sup>Zip</sup> 02919				
8. List ALL managers (names an	id addresses) of	the Limited Liabil			EMBERS			
			Manager Name RONALD					
Street Address 1284 PLAINFIELD STREET			Street Address 1284 PLAINFIELD STREET					
City JOHNSTON	State RI	<sup>Zip</sup> 02919	City JOHNSTON	State RI	<sup>Zip</sup> 02919			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
			·	Check the box to inc	dicate an attachment			
9. Resident Agent in Rhode Island	d. This information	is currently of reco	ord with the Department of State					
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 I	1			
ALFRED A. RICCIO								
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 C

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