

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

R.I. DEPT. OF STATE BUS SVCS DIV

2017 MAR 13 PM 1: 20

Annual Report for the year: 2015
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.

		-			22 p
1. Entity ID Number	2. Exact name of the Limited Liability Company				<u> </u>
000 1605 10	KNB LLC				THE SECOND
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Islar			Rhode Island	5 Z.T.
44-45	Retail Garden Products				STANE
5. State of Formation	te of Formation			ravers	
KZ	1				STATE S DIV
6. Principal Office Address			City	State	Zip
1401 Parlifus Craneton VI Vinto			Cransjon	at I	02190
7. Mailing Address of Limited Li					
Contact Name			Contact Title		
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
	. J	<u> </u>	1 (Check the box to inc	licate an attachment
9. Resident Agent in Rhode Isla	nd. This information	n is currently of rec	ord with the Department of State. (Changes require filing	Form 642.
Under penalty of perjury, I dec statements, and that all stater				ny accompanying	schedules and
Name of Authorized Person Date					1~
Brian Johnston				1.7.13.	17
Signature of Authorized Person					

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 -

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BY CM 298205