RI SOS Filing Number: 201750055090 Date: 9/18/2017 4:00:00 PM



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Annual Report for the year: 2017 **Limited Liability Company** 

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

Penalty: Additional \$25.00	tee if form is	not filed by Decen	nber 1.		
1. Entity ID Number	2. Exact name of the Limited Liability Company				
523663	Salk's of North Kingstown, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island Hardware and Marine Product Sales				
5. State of Formation	1				
RHODE ISLAND					
6. Principal Office Address			City	State	Zip
5941 Post Road			North Kingstown	RI	02852
7. Mailing Address of Limited Lia	bility Company	and Name or Title		*	
Contact Name Jeffrey D. Salk			Contact Title President		
Street Address 5941 Post Road			City North Kingstown	State RI	Zip 02852
	nd addresses)	of the Limited Liabi	lity Company, IF APPLICABLE - I	OO NOT LIST ME	MBERS
Manager Name None			Manager Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zıp
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<del></del>			Chi	eck the box to indi	cate an attachment
9. Resident Agent in Rhode Islan	id. This informat	on is currently of rec	ord with the Department of State. Cha	inges require filing F	orm 642.
Under penalty of perjury, I dec statements, and that all staten			nined this report, including any and correct.	accompanying s	chedules and
Name of Authorized Person				Date	
Jeffrey D. Salk				911	3/17
Signature of Authorized Person	h	SIGN DO	CUMENT 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

FORM 632 - Revised: 02/2017