

RECEIVED R.I. DEPT. OF STATE BUS SYCS DIV

2017 OCT -4 AM 9: 33

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	2. Exact name of the Limited Lyability Company					
193120	IN The KOAD DRIVING School LLC					
3. NAICS Code						
6/1697		-	5/1/24//			
5. State of Formation	┨	1)RIVI	ug School (Automobile)			
5, State of Politiation						
KL						
6. Principal Office Address			City	State	Zip	
5 Julie ANN Ct.			NO. PROV.	KI	02904	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name CARY E. MASTERSON			Contact Title OWNER/PRESIDENT			
Street Address Julie ANN CT-			City No. PROU	State RI	Zip 02904	
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	Zıp	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zıp	
	•	<u> </u>	С	heck 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 10/4/17						
Signature of Authorized Person						
an						

MAIL TO:

FILED

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2605 T 0 4 2017

Phone: (401) 222-3040 Website: www.sos.ri.gov

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