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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 fee if form is not filed by December 1.

1. Entity ID Number 001099211	2. Exact name of the Limited Liability Company Kevin Armstrong, LLC				
3. NAICS Code	Bnef description of the character of business conducted in Rhode Island				
238990	Construction/Excavating				
5. State of Formation					
RHODE ISLAND					
6. Principal Office Address			City	State	Zip
365 William Reynolds Road			Exeter	RI	02822
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Kevin Armstrong			Contact Title Member		
Street Address P.O. Box 343			City Exeter	State RI	^{Zip} 02822
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	Z _i p	City	State	Zip
	<u></u> .	,L		Check the box to it	ndicate 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 deciare 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 Kevin Armstrong Date 10-5-17					
Kevin Armstrong				/5~	5-17
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

OCT 1 0 2017

FORM 632 - Revised: 08/2017