

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.

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1. Entity ID Number	2. Exact name of the Limite	2. Exact name of the Limited Liability Company				
256587	101 North Main, Brandodoca					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531120	own, monoge, rease real estette					
5. State of Formation						
R I						
6. Principal Office Address	5 a 0 1	City ~	State	Zip		
375 Commene	Park Read	noth Kingstour	$\mathbb{R}$	02852		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name TVaW (. Ba	Tracy C. Baran Esa, Contact Title					
Street Address 375 Commune	Par Reced	noth Kingstown	State K	Zip 028(~)		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name Krd Stype Holdings, LCC Manager Name						
Street Address 375 Commerce Park Road		Street Address	Street Address			
North Kingstown	State Zip	City	State	Zip		
Manager Name		Manager Name	Manager Name			
Street Address		Street Address	Street Address			
City	State Zip	City	State	Zip		
Check the box to indicate 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			
Paul Conforti						
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

