

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **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 Limited Liability Company					
000795249	KAYWOND ST. UC.					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
M31110	REAL ESTATE ACQUISITION, SALE + MAG.					
5. State of Formation	1702		1	/		
RI						
6. Principal Office Address			City	State	Zip	
P.O. BOX 19044			TROV	PI	02940	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name MATT HEEW PENNINO			Contact Title OWNER			
Street Address P.O. BOX 9644			City PPGV.	State 7	2ip 029 40	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Mananer Name			Manager Name			
Street Address			Street Address			
City.	State	יטו.	City	State	Zip	
Manager Name Manager Na				lame		
Street Address			Street Address			
City	State	Zip	City	State	Zìp	
			<u> </u>	Check the box to inc	dicate 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						
JACKIE ALVANEZ (PROP. MG.)						
Signature of Authorized Person						
	0		FILED			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov NOV 1 5 2017