RI SOS Filing Number: 201753456560 Date: 11/15/2017 3:25:00 PM



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						
72110	REAL ESTATE ACQUISITION, SALE + MAG.						
5. State of Formation	',"		•	•			
RI							
6. Principal Office Address		<del>- 1-</del>	City	State	Zip		
P.O. BOX 190	44		TROV	PI	02940		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name MATT H	EW PENNIND Contact Title OWNER						
Street Address 1.0.60x	· 1969	14	City PPO V	State	2ip 029 40		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name		Manager Name					
Street Address	<b>-</b>		Street Address				
City:	State	.iD	City	State	Zip		
Manager Name			Manager Name				
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							
JACKIE ALVAREZ (PROP. MG.)							
Signature of Authorized Person							
Joche ale							
	ELLED						

MAIL TO:

**Division of Business Services** 

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

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

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FORM 632 - Revised: 08/2017