| State of Rhode Island and Pro- | vidence Plantations Business Services Division |
|--------------------------------|--|
| Annual Danast for the years    | 2017   |

| Annual Report for the y<br>Limited Liability Compa   |  | <u> </u>             |                |                      |                             |  |  |
|--|--|----------------------|----------------|----------------------|-----------------------------|--|--|
|  |  |                      |                |                      |                             |  |  |
| → 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 Liability Company                               |                      |                |                      |                             |  |  |
| 171700   | keithjochimphoto, LLC  |                      |                |                      |                             |  |  |
| 3. NAICS Code  | A Drief description of the observator of business conducted in Disade Island |                      |                |                      |                             |  |  |
| \$12990  | Photography  Photography   |                      |                |                      |                             |  |  |
| 5. State of Formation  | 7  |                      |                |                      |                             |  |  |
| Rhode Island   |  |                      |                |                      |                             |  |  |
| 6. Principal Office Address  | •  |                      | City           | State                | Zip                         |  |  |
| 289 Merrymount Drive   |  |                      | Warwick        | RI                   | 02888                       |  |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |  |                      |                |                      |                             |  |  |
| Contact Name Keith Jochim  |  | Contact Title Member |                |                      |                             |  |  |
| Street Address 289 Merrymount Drive  |  |                      | City Warwick   | State RI             | <sup>Zip</sup> <b>02888</b> |  |  |
| 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  | Zip                  | City           | State                | Zip                         |  |  |
|  |  |                      |                | Check the box to inc | licate 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 /   |  |                      |                |                      |                             |  |  |
| Keith Jochim, Member   |  |                      |                | 10/21/               | 17                          |  |  |
| Signature of Authorized Person Sulf Sulfun   |  |                      |                |                      |                             |  |  |
|  |  |                      |                |                      | · , ,                       |  |  |

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

BY 318215 318215

FORM 632 - Revised: 08/2017