

**FILED** 

Annual Report for the year: 2018
Limited Liability Company

\_\_\_\_\_ SEP 1 0 2018

→ Filing period: September 1 - November 1

1, 7

→ Filing Fee: \$50.00

BY\_\_\_\_

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

Entity ID Number	i a man inquire of the tributes					
91954	KRIMO	KRIMCO, L.L.C.				
3. NAICS Code	4. Brief des	4. Brief description of the character of business conducted in Rhode Island				
531110	1	Residential Real Estate Rental and Management				
5. State of Formation	<del></del>		·			
RI						
6. Principal Office Address			City	State	Zip	
16 Peveril Rd			Cranston	RI	02921	
7. Mailing Address of Limite	d Liability Compar	y and Name or Ti	tie of Contact Person	<del></del>		
Contact Name Harry Hoyle			Contact Title Manager			
Street Address 572 Comstock Pkwy			City Cranston	State RI	<sup>Žip</sup> 02921	
8. List ALL managers (name	es and addresses)	of the Limited Lia	bility Company, IF APPLICA	BLE - DO NOT LIST I	MEMBERS	
Manager Name Harry Hoyle			Manager Name Kimberty Gyra			
Street Address 572 Comstock Pkwy			Street Address 16 Peveril Rd			
City Cranston	State RI	<sup>Zip</sup> 02921	City Cranston	State RI	<sup>Zip</sup> 02921	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to in	ndicate an attachment	
9. Resident Agent in Rhode	Island. This informa	tion is currently of re	cord with the Department of St	ate. Changes require filin	c Form 642	
Under penalty of perjury, I statements, and that all sta	declare and affin	m that I have exe	mined this report Include	ng any accompanying	schedules and	
Name of Authorized Person		-		Date	<del></del>	
i		RY Hoy	F 9-1-18			
Signature of Authorized Pers	son	4/21	A CONTRACTOR	•		
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MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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