



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**FILED**

OCT 31 2018

BY

5210

**Annual Report for the year: 2018**  
**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.

|                                                                                                                                                                                                             |       |                                                                                                |                        |                           |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------------------------------|------------------------|---------------------------|---------------------|
| 1. Entity ID Number<br><b>000145678</b>                                                                                                                                                                     |       | 2. Exact name of the Limited Liability Company<br><b>Kevin Burnham, LLC</b>                    |                        |                           |                     |
| 3. NAICS Code<br><b>423910</b>                                                                                                                                                                              |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Maritime</b> |                        |                           |                     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                          |       |                                                                                                |                        |                           |                     |
| 6. Principal Office Address<br><b>625 Thames Street</b>                                                                                                                                                     |       |                                                                                                | City<br><b>Newport</b> | State<br><b>RI</b>        | Zip<br><b>02840</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                |                        |                           |                     |
| Contact Name<br><b>Maurice Cusick</b>                                                                                                                                                                       |       |                                                                                                | Contact Title          |                           |                     |
| Street Address<br><b>625 Thames Str.</b>                                                                                                                                                                    |       |                                                                                                | City<br><b>Newport</b> | State<br><b>RI</b>        | Zip<br><b>02840</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 indicate an attachment <input type="checkbox"/>                                                                                                                                            |       |                                                                                                |                        |                           |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |       |                                                                                                |                        |                           |                     |
| <i>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.</i> |       |                                                                                                |                        |                           |                     |
| Name of Authorized Person<br><b>Maurice Cusick</b>                                                                                                                                                          |       |                                                                                                |                        | Date<br><b>10/29/2018</b> |                     |
| Signature of Authorized Person<br><b>MAURICE CUSICK, ESQ.</b>                                                                                                                                               |       |                                                                                                |                        |                           |                     |

**MAIL TO:**

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