Donartment of St			Division			
Department of S	tate • busin	ess Services	DIVISION			
Annual Report for the y		015				
Limited Liability Compa	_					
→ Filing period: September → Filing Fee: \$50.00	1 - November	1				
→ Penalty: Additional \$25.00	fee if form is no	ot filed by Decem	ber 1.	-	·	
·						
Entity ID Number	2. Exact name of the Limited Liability Company					
494947	Kam Investment LC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
454113	Sale of toys					
5. State of Formation		ı				
AL						
6. Principal Office Address	/		City	State	Zip	
907 WARWICK AVE			Wanvick	RI	02888	
7. Mailing Address of Limited Lia	bility Company a	ind Name or Title				
Devel Kama Slain			Contact Tile Wher	· · · · · · · · · · · · · · · · · · ·	r	
Street Address Sulf- 7	Blud Ao	t 400	TWOIAW Thores	State		185
	nd addresses) of	the Limited Liabil	ity Company, IF APPLICABLE - D	O NOT LIST ME		- 0
Magager Name Devel Kamaylan			Manager Name			
Street Address Sulf Blud Apt 600			Street Address		الد 5ر	PRARCE RARCE
City INDIAN SHOLES	State	^{Zip} 33785	City	State	Zip TO	NS IVE
Manager Name			Manager Name		:2	10 S
Street Address			Street Address		- 12	
City	State	Zip	City	State	Zip	<u></u>
	<u> </u>	I	Che	I ck the box to indi	cate an a	ttachment
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 dec statements, and that all statem			ined this report, including any a and correct.	accompanying s	chedule:	s and

MAIL TO:

Division of Business Services

Name of Authorized Person

Signature of Authorized Person

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 12:26 FILED

DEC 2 4 2018 DEC 2 4 2018

FORM 632 - Revised: 10/2017

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