State of Rhode Island and Providence Plantations Department of State - Business Services Division
Department of Otate - Dusiness ocivious Division

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Annual Report for the year:	2014
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	2. Exact name of the Limited Liability Company									
794947	KAM INVESTMENT LLC									
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island									
454113	50/c of toys									
5. State of Formation	1 ' '	, ,								
RI										
6. Principal Office Address			City	State	Zip					
907 WARWCK AU	e		Warvide	MI	02888					
7. Mailing Address of Limited Lia	7. Mailing Address of Limited Liability Company and Name or Title of Contact Person									
Contact Name Devek Knyna j	1ar		Contact Title Owner							
Street Address Sull Blu		600	City DIAN HOLES	State	^z 33785					
8. List ALL managers (names a	nd addresses) of	the Limited Liabi	ility Company, IF APPLICABLE -	DO NOT LIST ME	MBERS					
Manager Name Devel Kamuilan			Manager Name							
Street Address 2010 Gul	Blud	Apt 600	Street Address		CRE ORP					
City LUDIAN Shores	State	ZiJ 33785	City	State	ECE TAR ORA					
Manager Name		•	Manager Name		IVE OF 10K:					
Street Address			Street Address		STA STA					
City	State	Zip	City	State	z i F M					
	Check the box to indicate an attachment									
9. Resident Agent in Rhode Islan	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										
Derek Kamo ()an 12/18/18										
Signature of Authorized Person										

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 12'.25 FILED

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FORM 632 - Revised, 10/2017