

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

2019 JUN 14 AM 11: 12

Annual Report for the year: 2012 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.

RKM, Investment, LLC  3. NAICS Code	Entity ID Number	2. Exact name	of the Limited Lia	bility Company			
5. State of Formation Rhode Is land 6. Principal Office Address 2 TO Metho Center Blvd. 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Contact Name Contact Name Contact Title Member Street Address 8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Street Address 22 City State 24 City State 25 City State 26 City State 26 City State 27 City State 27 Check the box to indicate 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  June 12, 2019 Signature of Authorized Person  Date  June 12, 2019	140544	RKM, Investments, LLC					
5. State of Formation Rhode Is land 6. Principal Office Address 2 DO Metro Center Blvd.  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Name Contact Name Contact Title Member  Street Address  City Warwick State Zip 02886  8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  Manager Name  Street Address  City State Zip City State Zip  Manager Name  Street Address  Street Address  Street Address  City State Zip  Check the box to indicate an attachment  9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 842  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 Authonized Person  Date  June 12, 2019  Signature of Authonized Person	3. NAICS Code	·· =· = ==== ·F· = = ·· = = = ·· = = = ·· = = · · = · - · -					
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John Mulhearn  Signature of Authorized Person							
Signature of Authorized Person	Name of Authorized Person  John Mulhearn				1		
	Signature of Authorized Person	<b>→</b> .'	100.50	(, , , , <del>, , , , , , , , , , , , , , , </del>			

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 14 2019 || 17

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