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Annual Report for the year: 2019 **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.

FILED						
AUG 2 3 2019						
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	T					
1. Entity ID Number	2. Exact name of the Limited Liability Company					
000127803	KOALCO, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
531110	REAL ESTATE					
5. State of Formation	1					
RHODE ISLAND						
6 Principal Office Address			City	State	Zip	
141 POWER ROAD			PAWTUCKET	RI	02860	
7. Mailing Address of Limited Lia	bility Compan	y and Name or Titl		.		
Contact Name MANUEL C. PONTE III			Contact Title MEMBER			
Street Address 141 POWER ROAD			City PAWTUCKET	State RI	^{Zıp} 02860	
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	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	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 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						
MANUEL C. PONTE III 8/23/2019					19	
Signature of Authorized Person SIGN DOCUMENT HERE						
MAIL TO:						

Division of Business Services

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

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