



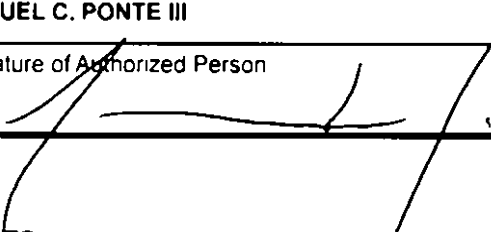
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 23 2019
1457

STAMP
02

1. Entity ID Number 000127803		2. Exact name of the Limited Liability Company KOALCO, LLC			
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 141 POWER ROAD		City PAWTUCKET		State RI	Zip 02860
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name MANUEL C. PONTE III			Contact Title MEMBER		
Street Address 141 POWER ROAD		City PAWTUCKET		State RI	Zip 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	Zip
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 MANUEL C. PONTE III				Date 8/23/2019	
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