



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

**FILED**

AUG 26 2019

4426

**STAMP**

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.

|   |       |  |                |                        |                     |
|---|-------|--|----------------|------------------------|---------------------|
| 1. Entity ID Number<br><b>1681176</b>   |       | 2. Exact name of the Limited Liability Company<br><b>Kaeordic Industries LLC</b>                   |                |                        |                     |
| 3. NAICS Code<br><b>811490</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Music retail</b> |                |                        |                     |
| 5. State of Formation<br><b>Rhode Island</b>  |       |  |                |                        |                     |
| 6. Principal Office Address<br><b>4 Arcadia Road</b>  |       | City<br><b>West Warwick</b>  |                | State<br><b>RI</b>     | Zip<br><b>02893</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |  |                |                        |                     |
| Contact Name<br><b>Rich Guillemette</b>   |       |  | Contact Title  |                        |                     |
| Street Address<br><b>4 Arcadia Road</b>   |       | City<br><b>West Warwick</b>  |                | State<br><b>RI</b>     | Zip<br><b>02893</b> |
| 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 <input type="checkbox"/>  |       |  |                |                        |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.   |       |  |                |                        |                     |
| <i>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.</i> |       |  |                |                        |                     |
| Name of Authorized Person<br><b>Rich Guillemette</b>  |       |  |                | Date<br><b>8/20/19</b> |                     |
| Signature of Authorized Person<br>  |       |  |                | SIGN DOCUMENT HERE     |                     |

**MAIL TO:**

Division of Business Services

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