RI SOS Filing Number: 201917369730 Date: 9/3/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

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

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.

	SEP 03 2084
BY_	389 05

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Entity ID Number	2. Exact name of the Limited Liability Company						
000796008	KEAM,LLC						
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
531390	REAL ESTATE						
5. State of Formation							
RHOWISHAND							
6. Principal Office Address			City	State	Zip		
628 METACOM	AVE		WARREN	RI	02885		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name ERNEST G. MAYO			Contact Title MEMBER				
Street Address 628 METACOM AVE			City WARREN	State RI	Zip 02885		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Namo			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name	<del></del>	<u> </u>	Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
<del></del> _		. <b>.l</b> .	Ch	eck the box to indi	icate 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_					
ERNEST G. MAYO			9-2-2019				
Signature of Authorized Person							
July Mayo							
		V					

MAIL TO:

**Division of Business Services** 

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

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