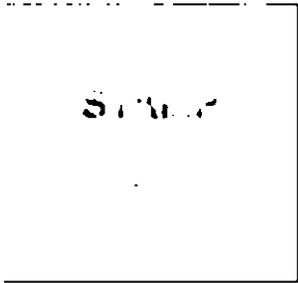




State of Rhode Island and Providence Plantations
Department of State - Business Services Division



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.

1. Entity ID Number 93751		2. Exact name of the Limited Liability Company The Kayak Centre at Wickford Cove, LLC			
3. NAICS Code 451110		4. Brief description of the character of business conducted in Rhode Island Retail Sales			
5. State of Formation Rhode Island					
6. Principal Office Address 631 Jefferson Boulevard		City Warwick	State RI	Zip 02886	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Mitchell S. Riffkin			Contact Title Attorney		
Street Address 631 Jefferson Boulevard		City Warwick	State RI	Zip 02886	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Jeffrey B Shapiro		Manager Name Debora W. Shapiro			
Street Address 125 Pleasant Street		Street Address 187 Eighth Street, Unit 721			
City Wickford	State RI	Zip 02852	City Charlestown	State MA	Zip 02129
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.					
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 Jeffrey B Shapiro				Date 9-26-19	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

FILED

OCT 07 2019 *KM*

BY 30206

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov