RI SOS Filing Number: 201927379970 Date: 11/12/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

SECRETARY OF STATE
CORPORATIONS DIV
2019 NOV 12 PM 2: 34

→ 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	2. Exact na	2. Exact name of the Limited Liability Company				
001682080	kω	KWN. () C				
3. NAICS Code	4. Brief des	4. Brief description of the character of business conducted in Rhode Island				
224950						
5. State of Formation	 [
722511	Bar	/ Kestu	rant			
6. Principal Office Address			City	State	Zip	
SOG Park Avenue			Portsmouth	kr	02871	
7. Mailing Address of Li	mited Liability Compa	iny and Name or	r Title of Contact Person			
Contact Name			Contact Title			
Street Address			City	10:	1-	
Street Address 25 Bartlett Read			Meddlefour	State R	21p 02342	
8. List ALL managers (names and addresses	s) of the Limited	Liability Company, IF APPLIC	ABLE - 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	Zıp	
				Check the box to	indicate an attachment	
			of record with the Department of			
Under penalty of perjo statements, and that a	ury, I declare and aff all statements conta	irm that I have ined herein are	examined this report, include true and correct.	ling any accompanyi	ng schedules and	
Name of Authorized Person				Date		
Karl a Nelson				1 11/1	2/19	
Karl W	Me ()ON			1 11 / 1	/ / (

MAIL TO:

Division of Business Services

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

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