



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
Annual Report for the year: 2019

Limited Liability Company

2019 DEC -9 PM 2: 20

- 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 001664470		2. Exact name of the Limited Liability Company Konanicut LLC			
3. NAICS Code 531390		4. Brief description of the character of business conducted in Rhode Island Real Estate Holding			
5. State of Formation RI					
6. Principal Office Address 86 Orient Avenue, Box 505			City Jamestown	State RI	Zip 02835
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Beth Smith			Contact Title Member		
Street Address 86 Orient Ave, Box 505			City Jamestown	State RI	Zip 02835
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager N			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.					
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 Beth Smith				Date 12/6/19	
Signature of Authorized Person <i>Beth Smith</i>				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

FILED

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