

## State of Rhode Island and Providence Plantations

**Department of State - Business Services Division** 

**Limited Liability Company** 

→ Filing period: September 1 - November 1 → Filing Fee: \$50.00

→ Penalty: Additional \$		is not filed by D	December 1.			
Entity ID Number 2. Exact name of the Limited Liability Company  2. Exact name of the Limited Liability Company  2. Exact name of the Limited Liability Company						
· — /	<del>- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '</del>	<u>Kwell</u>	Properties U	<u>C</u>	<u>-</u>	
3. NAICS Code		•	character of business conducted			
53///0	DOA	1 1=61	1-10 1201 11	•		
5. State of Formation		( 657.	ate Rehak	o nouse	_<	
RII.					~	
6. Principal Office Address	5		City	State	Zip	
S OGONN	seil Av	ie	WARNICE	RI	02886	
7. Mailing Address of Limi	ited Liability Compa	ny and Name o	r Title of Contact Person			
Contaginame SEORGE AKINS			Contact Title OWNER			
Street Address OF PARK ST			CityPeovidence	e State I	Zip 02908	
			Lumbility Company JE ARRI ICA			
Manager Name	THE BUILD BOOK SEE	of the Limited	Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
<u> </u>		<u> </u>		Check the box to in	ndicate an attachment	
9 Resident Agent in Rhoo	de Island. This inform	nation is currently	of record with the Department of St			
	y, I declare and affi	irm that I have	examined this report, includi			
Name of Authorized Person				Date	Date	
GORGE AKINS				1-8-2	1-8-2020	
Signature of Authorized P	erson '	58°	NOCLASSIC EN			

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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