



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**

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.

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BUS SVCS DIV

2020 MAY -4 PM 1:00

STAMP

FOR
SECRETARY OF STATE
OFFICE

1. Entity ID Number 000698573		2. Exact name of the Limited Liability Company K and S Distributors L.L.C.	
3. NAICS Code 492000		4. Brief description of the character of business conducted in Rhode Island Warehouse for carriers to pick up newspapers and customer list	
5. State of Formation RI			
6. Principal Office Address 170 C Amaral st		City Riverside	State RI Zip 02915
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Steven Kaplan		Contact Title owner	
Street Address 120 Cherry Hill Drive		City Seekonk	State MA Zip 02771
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
City	State	Zip	City
Check the box to indicate 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 Steven Kaplan		Date 5/4/2020	
Signature of Authorized Person 		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

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