



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**  
 SEP 30 2020  
 BY UNB  
EA

**Annual Report for the year:** 2020  
**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 000127803	2. Exact name of the Limited Liability Company KOALCO, LLC		
3 NAICS Code 531110	4. Brief description of the character of business conducted in Rhode Island REAL ESTATE		
5 State of Formation RHODE ISLAND			
6. Principal Office Address 141 POWER ROAD	City PAWTUCKET	State RI	Zip 02860
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name MANUEL C. PONTE III		Contact Title MEMBER	
Street Address 141 POWER ROAD	City PAWTUCKET	State RI	Zip 02860
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 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. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
<i>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.</i>			
Name of Authorized Person <u>MANUEL C. PONTE III MEMBER</u>		Date 09/25/2020	
Signature of Authorized Person <u>[Signature]</u> MEMBER			

**MAIL TO:**  
 Division of Business Services  
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 Website: www.sos.ri.gov