



State of Rhode Island

## Department of State - Business Services Division

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.

FILED

OCT 26 2020

BY 173  
DS

1. Entity ID Number <u>001687146</u>		2. Exact name of the Limited Liability Company <u>K &amp; B Wiring LLC</u>			
3. NAICS Code <u>999999</u>		4. Brief description of the character of business conducted in Rhode Island <u>Automotive general</u>			
5. State of Formation <u>RI</u>					
6. Principal Office Address <u>708 High St.</u>			City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Bonnie Sigui</u>			Contact Title <u>Owner</u>		
Street Address <u>708 High St.</u>			City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <u>Bonnie Sigui</u>			Manager Name		
Street Address <u>708 High St.</u>			Street Address		
City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>	City	State	Zip
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.					
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 <u>Bonnie Sigui</u>				Date <u>10/20/2020</u>	
Signature of Authorized Person <u>Bonnie Sigui</u>					

## MAIL TO:

Division of Business Services

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