



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

**FILED**  
**STAMP**  
 NOV 04 2020  
 BY 2129  
[Signature]

**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 <b>001700610</b>		2. Exact name of the Limited Liability Company <b>KAWAII CRANES, LLC</b>			
3. NAICS Code <b>339 999</b>		4. Brief description of the character of business conducted in Rhode Island <b>HANDMADE ORIGAMI PRODUCTS FOR WEDDINGS AND RETAIL SHOPS</b>			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>404 TOWER HILL RD #209</b>		City <b>N. KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>MISA ERB</b>			Contact Title <b>OWNER</b>		
Street Address <b>404 TOWER HILL RD #209</b>		City <b>N. KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>	
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		City	State	Zip	
Manager Name		Manager Name			
Street Address		Street Address			
City		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 <b>MISA L. ERB</b>				Date <b>10-5-2020</b>	
Signature of Authorized Person <u>[Signature]</u>					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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 Website: www.sos.ri.gov