



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

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|--|-------|---|----------------------|------------------|--------------|
| 1. Entity ID Number 000838769 | | 2. Exact name of the Limited Liability Company KAN, LLC | | | |
| 3. NAICS Code 722511 | | 4. Brief description of the character of business conducted in Rhode Island Restaurant | | | |
| 5. State of Formation RI | | | | | |
| 6. Principal Office Address 3854 Post Road | | | City Warwick | State RI | Zip 02886 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Kara Sheridan | | | Contact Title Member | | |
| Street Address 3854 Post Road | | | City Warwick | State RI | Zip 02886 |
| 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. | | | | | |
| 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 Kara Sheridan | | | | Date 10/31/20 | |
| Signature of Authorized Person | | | | | |

MAIL TO:

Division of Business Services

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