



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2019  
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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 R.I. DEPT. OF STATE  
 BUS. SVCS. DIV.  
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1. Entity ID Number 001057700		2. Exact name of the Limited Liability Company M Kindred LLC	
3. NAICS Code 454390		4. Brief description of the character of business conducted in Rhode Island Jewelry - Design and sales	
5. State of Formation Rhode Island			
6. Principal Office Address 70 Bethany Lane		City North Kingstown	State RI Zip 02852
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Melanie Ryan		Contact Title Manager	
Street Address 70 Bethany Lane		City North Kingstown	State RI Zip 02852
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name Melanie Ryan		Manager Name Keri Marden-Audette	
Street Address 70 Bethany Lane		Street Address 95 West Main Street	
City North Kingstown	State RI	Zip 02852	City North Kingstown State RI Zip 02852
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 Keri Marden-Audette		Date 2-17-2021	
Signature of Authorized Person <i>K Marden Audette</i>			

## 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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