RI SOS Filing Number: 202198863300 Date: 6/30/2021 12:28:00 PW



Department of State - Business Services Division

Annual Report for the year: 2021 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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2021 JUN 30 P 12: 23

1. Entity ID Number 001660722		2. Exact name of the Limited Liability Company Kayvee Tees, LLC				
3. NAICS Code 453220	4. Brief d Screenp	Brief description of the character of business conducted in Rhode Island Screenprinting workshop events				
5. State of Formation Rhode Island						
Principal Office Address Mineral Spring Avenue			City North Providence	State RI	Zip 02904	
7. Mailing Address of Limited L	iability Comp	any and Name				
Contact Name Kaitlyn Villucci			Contact Title Owner	Contact Title Owner		
Street Address 39 Mathew Drive			City Johnston	State RI	^{Zip} 02919	
8. List ALL managers (names	and addresse	es) of the Limited	d Liability Company, IF APPLICAL	BLE - DO NOT LIST I		
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name	<u> </u>	—. I ₋	Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
		<u> </u>		Check the box to in	ndicate an attachment	
9. The Resident Agent informat	ion currently	of record with th	e RI Department of State is accur	rate. Changes require	e filing Form 642	
Under penalty of perjury, I de statements, and that all state	clare and afi	firm that I have	examined this report, including	g any accompanying	g schedules and	
Name of Authorized Person				Date	Date	
Kaitlyn Villucci				6/30/2021		
Signature of Authorized Person Kauthyw	Viel	win				
- FULL OF THE	γω.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

JUN 3 0 2021

A.A. 12'. 28 P.M.

A.A. 12'. FORM 63 - Revised: 08/20: