State of Rhode is Department	sland and Providence Plantations of State - Business Ser	vices Division				
Annual Report for t Limited Liability Co → Filing period: Septer → Filing Fee: \$50.00 → Penalty: Additional \$3	mpany	RECEIV R.I. DEPT. OF BUS SVCS December 1. 2021 JUN 30	S DIA	2019 JUL 26 AH III:		
1. Entity ID Number 001660722	2. Exact name of the Limite Kayvee Come	ed Liability Company		65		
3. NAICS Code 711410	4. Brief description of the cl Booking Agent for Comed					
5. State of Formation Rhode Island						
6. Principal Office Address 39 Mathew Drive		City Johnston	State RI	Zip 02919		
7. Mailing Address of Limited	d Liability Company and Name or	Title of Contact Person				
Kaitlyn Villucci		Contact Title Owner				
Street Address 39 Mathew Drive 8. List Al I. managers (names and address)		City Johnston	State RI	Zip 02919		
Manager Name	s and addresses) of the Limited Li	iability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name				

			F .				
City	State	Zip	City		State		
				·	State	Zip	
9. Resident Agent in Rh	ode Island. This inform	nation is currently	of record with the Departmen	Che	ck the box to	indicate an attachment	
Under penalty of perju	ry, I declare and affi	rm that I have	examined this report, in	nt of State. Char	ges require fili	ng Form 642.	
statements, and that a Name of Authorized Per	iii statements contai Son	ned herein are	true and correct.		ccompanym	g schedules and	
Kaitlyn Villucci					Date		
Signature of Authorized	Person				7/12/20	19	

Street Address

Manager Name

Street Address

City

.

Street Address

Manager Name

Street Address

City

FILED

State

MAIL TO:

Division of Business Services

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

State

Zip

VILLUCA SIGN DOCUMENT HERE

Phone: (401) 222-3040 Website: www.sos.ri.gov R.I. DEPT. OF STAIR BUS SVCS DIV JUN 3 0 2021 BY QVS7Q

Zip

A.A. 12:24pm

FORM 632 - Revised: 10/2017