RI SOS Filing Number: 202101845580 Date: 9/21/2021 10:52:00 AM



State of Rhode Island

## **Department of State - Business Services Division**

R.I. DEP T. OF STATE BUS SYCS DIV

2021 SEP 21 AH 10: 47

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

	<del></del>		<u> </u>			
1. Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company				
000516.0891	K.	Detro tec insolution (1)				
3. NAICS Code		Brief description of the character of business conducted in Rhode Island				
238310	19:	1450/2007				
5. State of Formation	1					
RI						
6. Principal Office Address	<del></del>		City	State	Zıp	
182 circle st			Woodsocket	B	00825	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name	<u></u>		Contact Title			
Street Address 0000			City	State	Zip	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name	•		Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Check the box to indicate an attachment						
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 Date / /						
John Coppia						
Signature of Authorized Persoll U						

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 C

SEP 21 2021

10:52