



State of Rhode Island

## 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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BY

|                                                                                                                                                                                                             |       |                                                                                           |                         |                  |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------------------------------------|-------------------------|------------------|--------------|
| 1. Entity ID Number<br>000838769                                                                                                                                                                            |       | 2. Exact name of the Limited Liability Company<br>KAN, LLC                                |                         |                  |              |
| 3. NAICS Code<br>722511                                                                                                                                                                                     |       | 4. Brief description of the character of business conducted in Rhode Island<br>Restaurant |                         |                  |              |
| 5. State of Formation<br>RI                                                                                                                                                                                 |       |                                                                                           |                         |                  |              |
| 6. Principal Office Address<br>3854 Post Road                                                                                                                                                               |       |                                                                                           | City<br>Warwick         | State<br>RI      | Zip<br>02886 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                           |                         |                  |              |
| Contact Name<br>Kara Sheridan                                                                                                                                                                               |       |                                                                                           | Contact Title<br>Member |                  |              |
| Street Address<br>3854 Post Road                                                                                                                                                                            |       |                                                                                           | City<br>Warwick         | State<br>RI      | Zip<br>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.                                                                         |       |                                                                                           |                         |                  |              |
| <i>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.</i> |       |                                                                                           |                         |                  |              |
| Name of Authorized Person<br>Kara Sheridan                                                                                                                                                                  |       |                                                                                           |                         | Date<br>10/11/21 |              |
| Signature of Authorized Person<br>                                                                                                                                                                          |       |                                                                                           |                         |                  |              |

## MAIL TO:

## Division of Business Services

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