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

Annual Report for the year: 2021 **Limited Liability Company** 

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.

RAL COUNTY OF STATE A SECURAL DI I YUS DIV 2021 DEC 29 A 11: 42

1. Entitly ID Number 001704305	2. Exact name of the Limited Liability Company SKD HOMES, LLC			
3. NAICS Code 531210	4. Brief description of the character of business conducted in Rhode Island REAL ESTATE SALES.			
5. State of Formation RHODE ISLAND				
6. Principal Office Address 35 CONGDON HILL ROAD		NORTH KINGSTOWN	State RI	Zip 02874
7. Mailing Address of Limite	d Liability Company and Name of	or Title of Contact Person		
Contact Name RACHEL JONES		Contact Title MEMBER		
Street Address 35 CONGDON HILL ROAD		City NORTH KINGSTOW	State RI	<sup>Zip</sup> 02874
8. The Resident Agent infor	nation currently of record with the	ne RI Department of State is accurate. C	hanges requin	e filing Form 642.
	declare and affirm that I have atements contained herein an	examined this report, including any a a true and correct.	ecompanyin	g schedules and
Name of Authorized Person RACHEL JONES	$\bigcap$	··	Date 12/8	4/2021
Signature of Authorized Pen	sor			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.rl.gov

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