RI SOS Filing Number: 202328841730 Date: 2/17/2023 4:00:00 PM

State of Rhode Island

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

Annual Report for the year: 2023

**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.

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|------------------------|---|
| FEB 17 2023<br>BY 2885 | _ |

| 1. Entity ID Number<br>795179                       | 2. Exact name of the Limited Liability Company KB RYAN RHODE ISLAND, LLC  |                                       |                   |                      |
|---|---|---------------------------------------|-------------------|----------------------|
| 3. NAICS Code<br>531110                             | Brief description of the character of business conducted in Rhode Island     Real Estate Ownership and Management |                                       |                   |                      |
| 5. State of Formation<br>Rhode Island               |   |                                       |                   | Tain                 |
| 6. Principal Office Address<br>634 West Main Rd.    |   | City<br>Little Compton                | State<br>RI       | Zip<br>02837         |
| 7. Mailing Address of Limite                        | d Liability Company and Name  | or Title of Contact Person            |                   |                      |
| Contact Name Katharine B. Ryan                      |   | Contact Title member                  |                   |                      |
| Street Address 634 West Main Rd.                    |   | City Little Compton                   | State RI          | <sup>Zip</sup> 02837 |
|   |   | he RI Department of State is accurate | . Changes requir  | e filing Form 642.   |
| 14  | l declare and affirm that I hav<br>tatements contained herein a   | e examined this report, including a   |                   | g schedules and      |
| Name of Authorized Person Katharine B. Ryan, member |   |                                       | Date \$ 2/10/2023 |                      |
| Signature of Authorized Pe                          |   |                                       |                   |                      |

MAIL TO:

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

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