

Annual Report for the year: **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.

Entity ID Number	2. Exact name of the Limited Liability Company				
001739369	001739369 Ken'S CPRFIRSTAID TRAINING LLC				
3. NAICS Code (a) 699 5. State of Formation	4 Brief description of the character of business conducted in Rhode Island CPR, First Aid TRAINING				
RI					
6. Principal Office Address		City	State	Zıp	
1227 MAIN ST #8		WEST WARWICK	RI	02893	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name / Contact Title / Contact Title / Authored Avance					
Street Address 1227 MAIN ST #8		City W.WARWICK	State 72 I	Zip 02893	
8. 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 Kenneth Bernard Owner			2/a/23		
Signature of Authorized Person Kenneth Barrier					

MAIL TO:

Division of Business Services

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

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