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State of Rhode Island

Department of State - Business Services Division

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2023 HAY -8 P 12: 23

Annual Report for the year: 223
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.

a E da ID Nivelia	2 Event name of the Lin	nited Lighility Company		
1. Entity ID Number	2. Exact name of the Limited Liability Company			
00/68216	Ktamby (10)			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
53/1/ O 5. State of Formation	Poula	Box. Fos		
5. State of Polimation	KINTUL	Proporties		
6. Principal Office Address		Cjtx	State	Zip
272 Mendon A		Pauticket	RF	02801
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
	1 NELDIN	Contact Title		
Street Address	J8	Phyticket	State	210 (D8(l)
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			Date	1
Rysla M. WELDON			<u> </u>	
Signature of Authorized Person				

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MAY 08 2023

FORM 632 - Revised: 2/2023