State of Rhode Island

Department of State - Business Services Division

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

1. Entity ID Number 001704901	2. Exact name of the Limited Liability Company DKA, LLC				
3. NAICS Code 811490 5. State of Formation Rhode Island	4. Brief description of the character of business conducted in Rhode Island HANDYMAN basic home repair and maintenance				
Principal Office Address Maplewood Dr		City Lincoln	State RI	Zip 02865	
7. Mailing Address of Limited	Liability Company and Name or Tr	tle of Contact Person			
Contact Name David K. Ajootian		Contact Title owner/manager			
Street Address 3 Maplewood Dr		City Lincoln	State RI	^{Zip} 02865	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
	leclare and affirm that I have exi tements contained herein are tru		ing any accompanying	g schedules and	
Name of Authorized Person			Date	Date	
David K. Ajootian			10/5/2023		
Signature of Authorized Person	n sta	_	1		

MAIL TO:

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

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

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FORM 632 - Revised: 11/2021