



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024  
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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BUS SVCS DIV.

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|   |  |  |             |
|---|--|--|-------------|
| 1. Entity ID Number<br>001723496  |  | 2. Exact name of the Limited Liability Company<br>K&D Westerly, LLC  |             |
| 3. NAICS Code<br>722511   |  | 4. Brief description of the character of business conducted in Rhode Island<br>Full-Service Restaurant and Bar |             |
| 5. State of Formation<br>RI   |  |  |             |
| 6. Principal Office Address<br>15 Canal St  |  | City<br>Westerly   | State<br>RI |
|   |  | Zip<br>02891   |             |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |  |             |
| Contact Name<br>Daniel Van Kruiningen   |  | Contact Title<br>Officer   |             |
| Street Address<br>15 Canal St   |  | City<br>Westerly   | State<br>RI |
|   |  | Zip<br>02891   |             |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |  |  |             |
| 9. 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<br>Daniel Van Kruiningen  |  | Date<br>11/29/2023   |             |
| Signature of Authorized Person<br>  |  |  |             |

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BY ATSB

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)