

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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Entity ID Number	2. Exact name of the Limited Li	ability Company			
061702403	KIKI.FM	1 LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
51 9130 5. State of Formation	Internet R	adio Station			
RI RI					
6. Principal Office Address		City	State	Zip	
345 Town Fe	m Read	Covering	RI	02816	
7 Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
Alfred Snape					
Street Address 345 Town Fo	my Raged	coentry	State	^{zi} 02816	
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 Alfred Sno	n pe		Date	/2024	
Signature of Authorized Person					
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FEB 0-5 2024

V.)

MAIL TO:

Division of Business Services

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

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