

State of Rhode Island Department of State - Business Services Division

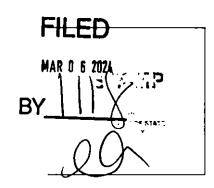
2024

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.



| 1. Entity ID Number 1666642 | 2. Exact name of the Limited Liability Company K&D ENTERPRISES, LLC | | | |
|------------------------------------|--|----------------------------------|--|----------------------|
| 3. NAICS Code 551114 | Brief description of the character of business conducted in Rhode Island Business management | | | |
| 5. State of Formation Rhode Island | | | | |
| 6. Principal Office Address | | City | State | Zip |
| 52 Lynde Street | | Providence | RI | 02908 |
| 7. Mailing Address of Limited | Liability Company and Name or | Title of Contact Person | 1 | |
| Contact Name Kenneth Turchetta | | Contact Title | | |
| Street Address 52 Lynde Street | | City Providence | State RI | ^{Zip} 02908 |
| 8. The Resident Agent inform | ation currently of record with the | RI Department of State is accura | ate. Changes require | e filing Form 642. |
| | I declare and affirm that I have tements contained herein are t | | ng any accompany | ing schedules and |
| Name of Authorized Person | | | Date / / | |
| Kenneth Turchetta | | | 2/27/24 | |
| Signature of Authorized Person | / wheth | | ······································ | |

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