

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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1. Entity ID Number	2. Exact name of the Lir	2. Exact name of the Limited Liability Company				
001717706	KAMAOne, LL0	KAMAOne, LLC				
3. NAICS Code	4. Brief description of th	4. Brief description of the character of business conducted in Rhode Island				
531110	Leasing of resider	Leasing of residential real estate.				
5. State of Formation						
RI						
6. Principal Office Address	1	City	State	Zip		
68 Indian Point Roa	d	Tiverton	RI	02878		
7. Mailing Address of Limit	ed Liability Company and Name	e or Title of Contact Person	٠			
Contact Name		Contact Title				
Street Address 68 Indian Point Road		City Tiverton	State RI	^{Zip} 02878		
8. The Resident Agent info	mation currently of record with	the RI Department of State is acci	urate. Changes require	e filing Form 642.		
	ry, I declare and affirm that I istatements contained herein i	have examined this report, inclu are true and correct.	ding any accompany	ring schedules an		
Name of Authorized Person		Date /				
Joseph R. Marion II	l, Esq.		3/1	1/24		
Signature of Authorized Pe	erson			•		
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MAIL TO:

Division of Business Services

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