RI SOS Filing Number: 202449257830 Date: 3/21/2024 4:00:00 PM

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## 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.



Entity ID Number	2. Exact name of the Limited	2. Exact name of the Limited Liability Company			
001099211	Kevin Armstrong, LLC				
3. NAICS Code 238990	Brief description of the character of business conducted in Rhode Island     Construction/Excavating				
5. State of Formation Rhode Island					
6. Principal Office Address		City	State	Zip	
365 William Reynolds Road		Exeter	RI	02822	
7. Mailing Address of Limited	Liability Company and Name or	Title of Contact Person			
Contact Name Kevin Armstrong		Contact Title Member			
Street Address P.O. Box 343		City Exeter	State RI	<sup>Zip</sup> 02822	
8. The Resident Agent inform	nation currently of record with the	RI Department of State is acc	curate. Changes require	e filing Form 642.	
9. Under penalty of perjury, statements, and that all sta	, I declare and affirm that I have tements contained herein are t	examined this report, inclure and correct.	uding any accompany	ring schedules and	
Name of Authorized Person			Date	Date	
Kevin Armstrong					
Signature of Authorized Person	on				

MAIL TO:

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

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