



**State of Rhode Island  
Department of State - Business Services Division**

**FILED**  
APR 26 2024  
BY *[Signature]*

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.

1. Entity ID Number <i>001668510</i>		2. Exact name of the Limited Liability Company <i>Kaimika Technology LLC</i>	
3. NAICS Code <i>541511</i>		4. Brief description of the character of business conducted in Rhode Island	
5. State of Formation <i>RI</i>		<i>Software Development + Consulting</i>	
6. Principal Office Address <i>1800 Mendon Blvd, Suite E-102</i>		City <i>Comberland</i>	State <i>RI</i>
		Zip <i>02864</i>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <i>Michael Chagnon</i>		Contact Title <i>President</i>	
Street Address <i>1800 Mendon Blvd, Suite E-102</i>		City <i>Comberland</i>	State <i>RI</i>
		Zip <i>02864</i>	
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 <i>Michael Chagnon</i>		Date <i>4/22/24</i>	
Signature of Authorized Person <i>[Signature]</i>			

**MAIL TO:**  
 Division of Business Services  
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