RI SOS Filing Number: 202454494570 Date: 5/9/2024 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

STARP

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.

МДҮ	09	202	4		•
	N			/)

Entity ID Number	2. Exact name of the Limited Liability Company						
001738497	KELP MOVEMENT IL	KELP MOVEMENT ILC					
3. NAICS Code	4. Brief description of the	4. Brief description of the character of business conducted in Rhode Island					
512110	VIDEO PRODUCTION						
5. State of Formation							
RI_							
6. Principal Office Address		City	State	Zip			
1308 ATWOOD AVENUE		JOHNSTON	RI	02919			
7. Mailing Address of Limite	d Liability Company and Name	or Title of Contact Person					
Contact Name WILLA KAMMERER		Contact Title MEMBER					
Street Address 2 3 0 8 ATWOOD AVENUE		City JOHNSTON	State R I	Z _{IP} 02919			
8. The Resident Agent inform	nation currently of record with	the RI Department of State is ac	curate. Changes requ	ire filing Form 642.			
Under penalty of perjury, I		ve examined this report, includ					
Name of Authorized Person			Date	Date			
WILLA KAMMERER			3/4/24				
Signature of Authorized Pers	son						

MAIL TO:

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

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