



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

Annual Report for the year: 2024 **Limited Liability Company** 

FILED STAMP

→ 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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Entity ID Number	2. Exact name of the Limited Liability Company						
149674	K&S Properties, LLC						
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
522292	Lease holder.						
5. State of Formation							
Massachusetts							
6. Principal Office Address		City	State	Zip			
463 Stafford Road		Fall River	MA	02721			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Conlact Name Sherry Pacheco		Contact Title					
Street Address 463 Stafford Road		City Fall River	State MA	<sup>Zip</sup> 02721			
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			Date	1			
Y Sherry Pacheco			X 5	20/24			
Signature of Agihorized Person	Par heed						

MAIL TO:

Division of Business Services ,

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