

State of Rhode Island Department of State - Business Services Division

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Annual Report for the year: 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	2. Exact name of the Lim	Exact name of the Limited Liability Company Kasco LLC Brief description of the character of business conducted in Rhode Island				
001661350	Kasco LLC					
3. NAICS Code						
332900	Butcher Knives and Manufacturing					
5. State of Formation						
Delaware						
6. Principal Office Address		City	State	Zip		
590 Madison Avenue, 32nd Floor		New York	NY	10022		
7. Mailing Address of Limite	d Liability Company and Name	or Title of Contact Person				
Contact Name Christina Riina		Contact Title Tax Associate				
Street Address 590 Madison Avenue, 32nd Floor		City New York	State NY	Zip 10022		
8. The Resident Agent infor	mation currently of record with t	the RI Department of State is acc	urate. Changes requir	e filing Form 642.		
9. Under penalty of perjur		ave examined this report, inclu				
Name of Authorized Person			Date			
Jon Lamphier			6/6/2024			
Signature of Authorized Per	son					

FILED

AUG 07 2024 BY 3E TWV 242

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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