

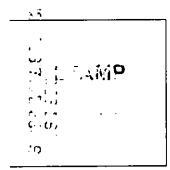
State of Rhode Island Department of State - Business Services Division

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 Limited Liability Company			
001661350	Kasco LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island			
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 Limited	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	Z _{IP} 10022
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	
Jon Lamphier			6/6/2024	
Signature of Authorized Pers	Jon Limph er (9d) (72024 08 13 ED1)			

FILED

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MAIL TO:

Division of Business Services

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

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