

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.

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1 Entity ID Number	2 Evant name of the Limited	Lishility Company	_			
·	2 Exact name of the Limited Liability Company					
001749935	Kaykay Naned it UC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
812113	Mail Salon					
5 State of Formation]					
RI						
6. Principal Office Address	<u>*</u>	City	State	Zíp		
1300 Park Aw	2_	Cranston	RI	02910		
7 Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name	Contact Title					
Lhayla Houston		owner				
Street Address		City	State	Zip		
1300 Park An		Cranston	121	02910		
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	-		
Kowla Houston		2/17/2025				
Signature of Authorized Person						

FILED

FEB 17 2025

MAIL TO:

Division of Business Services

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