




State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025  
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.

**FILED**  
**MAR 26 2025**  
BY 1955

|   |  |  |                    |
|---|--|--|--------------------|
| 1. Entity ID Number<br><b>795422</b>  |  | 2. Exact name of the Limited Liability Company<br><b>KC TRUCKING, LLC</b>                      |                    |
| 3. NAICS Code<br><b>484110</b>  |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>TRUCKING</b> |                    |
| 5. State of Formation<br><b>RI</b>  |  |  |                    |
| 6. Principal Office Address<br><b>215 MERRITT AVENUE</b>  |  | City<br><b>TIVERTON</b>  | State<br><b>RI</b> |
|   |  | Zip<br><b>02878</b>  |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |  |                    |
| Contact Name<br><b>KEVIN CONNORS</b>  |  | Contact Title<br><b>MEMBER</b>   |                    |
| Street Address<br><b>215 MERRITT AVENUE</b>   |  | City<br><b>TIVERTON</b>  | State<br><b>RI</b> |
|   |  | Zip<br><b>02878</b>  |                    |
| 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<br><b>KEVIN CONNORS - MEMBER</b>  |  | Date<br><b>4-22-2024</b>   |                    |
| Signature of Authorized Person<br>   |  |  |                    |

**MAIL TO:**  
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