

State of Rhode Island Department of State - Business Services Division

REd 25 J	
REC'D RIDOS 85 '25 JUL 8 PK2:40:	
8SD :40:19	

Annual Report for the year:
Limited Liability Company

.WR

→ 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 Lis	2. Exact name of the Limited Liability Company			
001778216	KCC TOWLKING	4c			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
484110	trucking			J	
5. State of Formation	7				
P.I					
6. Principal Office Address	-	City	State	Zip	
63 Messina	+	Providence	RI	02968	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title	Contact Title		
Katherine games silverio					
Street Address		City	State	Zip	
63 messina S	,t	Providence	K	02908	
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	Name of Authorized Person Date			1	
Kathenine gomez silverio		718125			
Signature of Authorized Person					

FILED

JUL 08 2025

MAIL TO:

Division of Business Services

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

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