



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
25 JUL 29 AM 9:54:42

Annual Report for the year: 2023  
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<br><b>001686561</b>  |  | 2. Exact name of the Limited Liability Company<br><b>Kaymus LLC</b>         |                           |                     |  |
| 3. NAICS Code<br><b>531190</b>   |  | 4. Brief description of the character of business conducted in Rhode Island |                           |                     |  |
| 5. State of Formation<br><b>Rhode Island</b>   |  |   |                           |                     |  |
| 6. Principal Office Address<br><b>28 Highwood Lane</b>   |  | City<br><b>East Falmouth</b>  | State<br><b>MA</b>        | Zip<br><b>02536</b> |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |  |   |                           |                     |  |
| Contact Name<br><b>Karen S. Lynch</b>  |  | Contact Title<br><b>Manager</b>   |                           |                     |  |
| Street Address<br><b>28 Highwood Lane</b>  |  | City<br><b>East Falmouth</b>  | State<br><b>MA</b>        | Zip<br><b>02536</b> |  |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.  |  |   |                           |                     |  |
| 9. <i>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.</i> |  |   |                           |                     |  |
| Name of Authorized Person<br><b>Karen S. Lynch</b>   |  |   | Date<br><b>07/15/2025</b> |                     |  |
| Signature of Authorized Person   |  | <i>Karen S Lynch</i>  |                           |                     |  |

FILED

JUL 29 2025

BY 4x82x  
**956** **KS**

**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)