



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year:
Limited Liability Company

2025

- 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 001777185		2. Exact name of the Limited Liability Company KUFN	
3. NAICS Code 448190		4. Brief description of the character of business conducted in Rhode Island Clothing Brand	
5. State of Formation RI			
6. Principal Office Address 47 Wood Ave SUITE 2		City Barrington	State RI
		Zip 02806	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Kamari Richards		Contact Title CEO	
Street Address 54 Homer St		City Providence	State RI
		Zip 02905	
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 Kamari Richards		Date 9/15/25	
Signature of Authorized Person 			

FILED

SEP 15 2025
BY Im8vR 19

MAIL TO:

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