RI SOS Filing Number: 200701485560 Date: 09/26/2007 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
119944	K & S Carter Bros. Realty, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	TO INCLUDE BUT NOT LIMITED TO RENTAL, SALES AND DEVELOPMENT OF ALL REAL PROPERTY

5. Principal office address	City	State	Zip
188 A Pascoag Main St	Pascoag	RI	02859

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Cara Carter	member

Street Address	City	State	Zip
125 Laurel Hill Ave	Pascoag	RI	02859

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
Kevin Carter	125 Laurel Hill Ave	Pascoag	RI	02859
Manager Name	Street Address	City	State	Zip
Cara Carter	125 Laurel Hill Ave	Pascoag	RI	02859
Manager Name	Street Address	City	State	Zip
Manager Name	Street Address	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address		
CARA L. CARTER			
Address	City	Zip	
188 A PASCOAG MAIN STREET	PASCOAG	02859-	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

[redacted] [redacted]

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.

Cara K Carter 9/24/07
Signature of Authorized Person *Date*

CARA L. CARTER
Print or Type Name of Authorized Person

[redacted]

FILED
File Date SEP 26 2007
Check No.
By: By 327

14791-5-191830
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Form 632 Rev. 07/07