



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 02840

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. 159530		2. Exact name of the limited liability company KONA ENTERPRISES, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Management			
5. Principal office address 29 Spring Street		City Newport	State RI	Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Stephen J. DiGianfilippo, Esq.			Contact Title Attorney		
Street Address 50 Park Row West, Suite 111		City Providence	State RI	Zip 02903	
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) <input type="checkbox"/>					
Manager Name Neill F. Coffey			Manager Name		
Street Address 60 Sachuest Way			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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 Stephen J. DiGianfilippo, Esq.			Address		
Address 50 Park Row West, Suite 111		City Providence, Rhode Island		Zip 02903	

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

159530

FILED

File Date NOV 01 2007

Check No. 122

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Neill F. Coffey 10/24/07
Signature of Authorized Person Date

Neill F. Coffey, Manager
Print or Type Name of Authorized Person