



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.<br>159530   |             | 2. Exact name of the limited liability company<br>KONA ENTERPRISES, LLC   |                           |              |     |
| 3. State of Formation<br>Rhode Island   |             | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>Real Estate Management |                           |              |     |
| 5. Principal office address<br>29 Spring Street   |             | City<br>Newport   | State<br>RI               | Zip<br>02840 |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |             |   |                           |              |     |
| Contact Name<br>Stephen J. DiGianfilippo, Esq.  |             |   | Contact Title<br>Attorney |              |     |
| Street Address<br>50 Park Row West, Suite 111   |             | City<br>Providence  | State<br>RI               | Zip<br>02903 |     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |             |   |                           |              |     |
| Manager Name<br>Neill F. Coffey   |             |   | Manager Name              |              |     |
| Street Address<br>60 Sachuest Way   |             |   | Street Address            |              |     |
| City<br>Middletown  | State<br>RI | Zip<br>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<br>Stephen J. DiGianfilippo, Esq.  |             |   | Address                   |              |     |
| Address<br>50 Park Row West, Suite 111  |             | City<br>Providence, Rhode Island  | Zip<br>02903              |              |     |

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

159530

|                                 |                       |
|---------------------------------|-----------------------|
| <b>FILED</b>                    |                       |
| File Date                       | NOV 01 2007           |
| Check No.                       | By <i>[Signature]</i> |
| By:                             |                       |
| 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