RI SOS Filing Number: 200703507990 Date: 11/01/2007 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
149674	K&S PROPERTIES, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
MASSACHUSETTS	Lease Holder

5. Principal office address	City	State	Zip
463 Stafford Road	Fall River	MA	02721

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

Contact Name	Contact Title
Sherry Pacheco	

Street Address	City	State	Zip
463 Stafford Road	Fall River	MA	02721

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	Manager Name
Kenneth Pacheco	Sherry Pacheco
Street Address	Street Address
1343 Newhall Street	1343 Newhall Street
City / State / Zip	City / State / Zip
Fall River / MA / 02721	Fall River / MA / 02721
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	Address	
Stetson W. Eddy		
Address	City	Zip
1340 Main Road	Tiverton, RI	02878

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

[redacted] 149674 [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.

X Sherry A Pacheco X 10/31/07
Signature of Authorized Person *Date*

[redacted] Sherry Pacheco
Print or Type Name of Authorized Person

File Date	FILED
Check No.	NOV 01 2007
By:	By 324

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16261-35-196638

Form 632 Rev. 07/07