

FOR SECRETARY OF STATE USE ONLY

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 2009

Filing Period: September 1 - November 1 . Filing Fee: \$50.00" . THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within therey (30) days after the time prescribed by law

(R.I.G.L. 7-16-66 (b&c)) i					······································	,
1. ID No. <b>96521</b>	1	ezet name of the limited liability company  K REALTY, LLC				
3. State of Formation RHODE ISLAND		4. Brief description of the To acquire, deve	ne character of the hustness Blop, manage, impro	which is actually conducted in Rho ove, rent, lease and sell	de Island real and personal pro	operty.
5. Principal office address 479 Atlantic Avenue				City Westerly	State RI	Zip 02891
6. MATLING ADDRE Contact Name Robert W. Romer		IMITED LIABILITY	COMPANY AND NAM	ME OR TITLE OF CONTACT  Contact Title  Member	r Person:	•
Street Address 181 Palazzo Court				City North Venice	State FL	<i>Ζίρ</i> <b>34275</b>
7. NAME AND ADD	RESS OF		OF THE LIMITED LIA ES BEFORE USING A	ABILITY COMPANY, IF APF TTACHMENTS ("X" BOX F	PLICABLE - DO NOT OR ATTACHMENT)	LIST MEMBERS
Manager Name None				Manager Name		
Sinel Address				Street Address		
City	·	State	Zip	Сиу	State	Zψ
Manager Name	• • • • • • • • • • • • • • • • • • • •	l	l	Manager Name		L
Street Address				Street Address		
City	<del></del>	State	Zip	City	State	Zip
8. RESIDENT AGEN			of the Country of Ct	ate. Changes require filing of	Form 642 DIG1 7 M	S 11 AV
		This report must	be executed by an au	thorized person pursuant to	R.I.G.L. 7-16-66 (b).	SECRETARY CASTATE CORPORATIONS DIV
	965	521				
1	<b>K=11</b> F		7	including any acco		n that I have examined this repostatements, and that all statements
File Date	CT 2	1 2009		Signature of Author	W Koman	Sept 24, 2
Ru Bu	Ciril	776	1	Robert W I		

Print or Type Name of Authorized Person