



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 2009

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) ☐			
Manager Name Neill F. Coffey		Manager Name	
Street Address 60 Sachuest Way		Street Address	
City Middletown	State RI	City	State
	Zip 02842		Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
	Zip		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	
Street Address 50 Park Row West, Suite 111		City Providence, Rhode Island	Zip 02903

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

159530

File Date	10-30-09
Check No.	166
By	mmc
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 9/30/09
Signature of Authorized Person Date
Neill F. Coffey, Manager
Print or Type Name of Authorized Person