



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 2011

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. <u>93554</u>	2. Exact name of the limited liability company <u>KGB LLC</u>		
3. State of Formation <u>RI</u>	4. Brief description of the character of the business which is actually conducted in Rhode Island <u>real estate</u>		
5. Principal office address <u>11 S. Bayall Street, Box 321</u>		City <u>Pro</u>	State <u>RI</u>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name <u>William Greene</u>		Contact Title <u>Manager</u>	
Street Address <u>171 Bingham Ave</u>		City <u>Pro</u>	State <u>RI</u>
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		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
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	
Address		City	Zip

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2011 OCT 31 AM 9:51

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.

FILED
File Date OCT 31 2011
Check No. 155502
By [Signature]
FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person

Date

Print or Type Name of Authorized Person