



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* • **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 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. 119336		2. Exact name of the limited liability company Three Kids, 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			
5. Principal office address 215 Spencer Avenue		City East Greenwich	State RI	Zip 02818	
CONTACT PERSON, ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF CONTACT PERSON					
Contact Name Dwight Leigh		Contact Title Manager			
Street Address 215 Spencer Avenue		City East Greenwich	State RI	Zip 02818	
NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS OF THE BOARD OF DIRECTORS. (SEE INSTRUCTIONS FOR BUSINESS TAX SERVICES - 2011 BOARD ATTACHMENT)					
Manager Name Dwight Leigh		Manager Name			
Street Address 215 Spencer Avenue		Street Address			
City East Greenwich	State RI	Zip 02818	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

FILED

JUN 01 2012

BY 171770

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

119336

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SECRETARY OF STATE
CORPORATIONS DIV

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.

Dwight Leigh 6-1-12
Signature of Authorized Person Date
Dwight Leigh
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY