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 2012

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.	2. Exact name of the limited liability company
108529	Kima Realty, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Rhode Island	Own, lease, operate, develop and manage real estate and any lawful purpose.

5. Principal office address	City	State	Zip
11 King Avenue	Cranston	RI	02905

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

Contact Name	Contact Title
Richard J. Cassarino	Member

Street Address	City	State	Zip
11 King Avenue	Cranston	RI	02905

7. NAME AND ADDRESS OF MANAGER OF THE LIMITED LIABILITY COMPANY (IF APPOINTED - DO NOT LIST MEMBERS. ATTACH ADDITIONAL PAGE IF NECESSARY) ☐

Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	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. 7-16-11Orson and Brusini Ltd.

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

FILED

SEP 21 2012

BY 256

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.

Rich J Cassarino 9-12-12

Signature of Authorized Person *Date*

File Date

Check No.

By

FOR SECRETARY OF STATE USE ONLY

Richard J. Cassarino, Member

Print or Type Name of Authorized Person

82963-36-785667

Form 632 Rev. 08/08