

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_2012

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact name of	2. Exact name of the limited liability company						
727457	KLMB PROI	PERTIES,	LLC					
3. State of Formation	4. Brief description	n of the charac	ter of business conducted in Rhode	s Island				
RI .	real estate acquisition and management, and related							
	other business							
	P O Box 805, 59 Pound Road			State RI	Zip 02814			
8. MAILING ADDRESS OF LIMIT	ED LIABILITY CO	MPANY AND I	NAME OR TITLE OF CONTACT P	ERSON:				
Contact Name Mark Bard			Contact Title  Member	Contact Title				
Street Address			City	State	Zip			
59 Pound Road			Chepachet	RI	02814			
7. LIST <u>ALL</u> NANAGERS (NAME (*** BOX FOR ATTACHMENT)	S AND ADDRES	SES) OF THE L	JMITED LIABILITY COMPANY, IF	APPLICABLE DO	Nortus Wembers			
Manager Name			Manager Name	Manager Name				
Street Address			Street Address	Street Address				
City	State	Zip	City	State	Zip			
Manager Name			Manager Name	Manager Name				
Street Address			Street Address	Street Address				
City	State	Zip	City	State	Zip			
A RESIDENT AGENT IN RHODE								
This information is currently of r	ecord in the Offic	e of the Secre	tary of State. Changes require fil	ing Form 642.	CONTRACTOR SECTION AND ADDRESS.			

**FILED** 

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By MMC Ch # 1067

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Form No. 632 Revised: 01/2012 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.

Date

Mark Bard, Member

Print or Type Name of Authorized Person