



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. 139843		2. Exact name of the limited liability company KAM PROPERTIES, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE INVESTMENT AND MANAGEMENT			
5. Principal office address 483 BOSTON NECK ROAD		City NARRAGANSETT	State RI	Zip 02882	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ANN M. GALVIN		Contact Title MANAGING PARTNER			
Street Address 483 BOSTON NECK ROAD		City NARRAGANSETT	State RI	Zip 02882	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name ANN M. GALVIN		Manager Name			
Street Address 483 BOSTON NECK ROAD		Street Address			
City NARRAGANSETT	State RI	Zip 02882	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 Form 642.					

FILED

File Date _____

Check No _____

By: _____ BY _____

FOR SECRETARY OF STATE USE ONLY

OCT 17 2012

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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.

Ann M. Galvin 10/15/12
 Signature of Authorized Person Date

ANN M. GALVIN
 Print or Type Name of Authorized Person