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 the limited liability company		
118113	KWC LLC		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
R.I	REAL ESTATE ONE LOT		
5. Principal office address: 275 MARTINE ST UNIT 10	City: FALL RIVER	State: MA	Zip: 02723
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name: MARY BETH SENGER	Contact Title: RESIDENT AGENT		
Street Address: 29 MAIN AVE	City: NEWPORT	State: RI	Zip: 02840

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
WILLIAM G. CAMARA	275 MARTINE ST	FALL RIVER	MA	02722

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

FEB 26 2013

BY 725

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

William Camara 02/25/2013
Signature of Authorized Person Date

WILLIAM CAMARA
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012

89351-2-802134