

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

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.		e of the limited liab				
488810	Kolok-Sk	Kolok-Skinner Realty, LLC				
3. State of Formation	4. Brief desc	ription of the charac	ter of business conducted in Rhode	Island	<u> </u>	
Rhode Island	Real esta	te				
5. Principal office address			City	State	Zip 02871	
31 Easton Avenue			Portsmouth	RI	102071	
	F LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT PI	EKSUN:		
Contact Name Janet Kolok Skinner			Authorized Person			
Street Address 31 Easton Avenue			City Portsmouth	State RI	Zip 02871	
'. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	S (NAMES AND ADD HMENT)	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name N/A			Manager Name			
Street Address			Street Address			
Dity	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
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3. RESIDENT AGENT IN	RHODE ISLAND					
This information is curre	ently of record in the	e Office of the Sec	retary of State. Changes require t	iling Form 642.	— S 32	
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			Under penalty of perj	ury, I declare and af	firm that I have examine schedules and stateme	
File Date			this report, including	any accompanying ts contained berein	are true and correct.	
Check No			mille	lah (bim	nu 9/0	
			Signature of Authorize	d Person	Date	
Ву:			Janet Kolok Skinner			
FOR SECRETARY OF STATE USE ONLY			Print or Type Name of Authorized Person			

Form No. 632 Revised: 01/2012