



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 2014

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. 96851		2. Exact name of the limited liability company Kent Realty Company, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Real Estate			
5. Principal office address 1485 South County Trail		City East Greenwich	State RI	Zip 02818	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Inez Lenore Blasbalg LARRY BLASBALG		Contact Title PROPERTY MANAGER			
Street Address 1485 South County Trail PO BOX 7		City East Greenwich NARRAGANSETT	State RI	Zip 02818 02882	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name Inez Lenore Blasbalg		Manager Name			
Street Address 22 River Run 355 BLACKSTONE BLVD #553		Street Address			
City East Greenwich PROVIDENCE	State RI	Zip 02818 02906	City	State	Zip
Manager Name LARRY BLASBALG		Manager Name			
Street Address PO BOX 7		Street Address			
City NARRAGANSETT	State RI	Zip 02882	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

SEP 12 2014

BY B240

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BY: RBLS

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.

Signature of Authorized Person

Date

Larry Blasbalg, Member

Print or Type Name of Authorized Person