

## 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 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. 793610	2. Exact name of the limited liability company KARR, LLC				
3. State of Formation  Rhode Island	Brief description of the character of business conducted in Rhode Island     Own and manage commercial real estate				
5. Principal office address  1 Darl Court			City East Greenwich	State RI	Zip <b>02818</b>
6. MAILING ADDRESS OF	LIMITED LIABILI	Y COMPANY AND	NAME OF THILE OF CONTACT PER	SON:	
Contact Name Mohammed Faizan			Contact Title member		
Street Address 1 Darl Court			City East Greenwich	State RI	Zip <b>02818</b>
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	PPLICABLE - <u>Do</u>	NOT LIST MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN R	HODE ISLAND				
This information is currer	ntly of record in the	e Office of the Sec	retary of State. Changes require fili	ng Form 642.	

FILED

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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.

Signature of Authorized Person

2Q 14 Date

Mohammed Faizan

Print or Type Name of Authorized Person

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012