

1. Entity ID No.

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

2015

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

2. Exact name of the limited liability company

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

000142954	. D + 0.	K REALTY, L	LC			
3. State of Formation	4. Brief descrip	4. Brief description of the character of business conducted in Rhode Island				
RA	RES	IDENTIAL RE	NTALS			
5. Principal office address			City	State	Zip .	
345 E. WEN	TWORTH C	IRCLE	ENECEMPCO	i=c	34223	
6. MAILING ADDRESS OF LI	MITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT PERS	SON:		
Contact Name			Contact Title			
Discres K	OBERISON		GWNER/ MEM	BER		
Street Address			City	State	Zip	
345 E. W	EAT WOLTH	CIRCLE	EN GLEWICO	FL	34223	
7. LIST <u>all</u> Managers (n. ("X" box for attach m e	AMIES AND ADDRI	ESSES) OF THE LIMITE	D LIABILITY COMPANY, IF AP	PLICABLE - <u>DO</u> N	OT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name	<u> </u>	<u></u>	Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
R. RESIDENT AGENT IN RHO	DE ISLAND	- 			· · · · · · · · · · · · · · · · · · ·	
his information is currently	of record in the O	ffice of the Secretary o	f State. Changes require filing	Form 642.		
		FILED				
		SEP 10 201	15	ř		
	В	, 7365				
File Date			Under penalty of perjury, this report, including any and that all statements co	accompanying so	hedules and statements	
Check No			Signature of Authorized Pe			
Ву:						
FOR SECRETARY OF STAT	E USE ONLY			ROBERTSON		
			Print or Type Name of Auth	orized Person		

Form No. 632 Revised: 01/2012