



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.
 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 Larry Blasbalg		Contact Title Property Manager			
Street Address P.O. Box 7		City Narragansett	State RI	Zip 02882	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Inez Lenore Blasbalg		Manager Name Larry Blasbalg			
Street Address 355 Blackstone Boulevard #553		Street Address P.O. Box 7			
City Providence	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	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 24 2015

By 257039
KLM

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2015 SEP 24 PM 12:56

File Date _____
 Check No _____
 By: _____

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.

RB
 Signature of Authorized Person _____ Date 9.16.15
Larry Blasbalg, Member
 Print or Type Name of Authorized Person

FOR SECRETARY OF STATE USE ONLY