



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.

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|--|--------------------|--|--------------------|---------------------|-----|
| 1. Entity ID No. 159565 | | 2. Exact name of the limited liability company Knight Realty, LLC | | | |
| 3. State of Formation Rhode Island | | 4. Brief description of the character of business conducted in Rhode Island Own and sell real estate | | | |
| 5. Principal office address 40 Quail Hollow Road | | City Cranston | State RI | Zip 02920 | |
| CONTACTING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF TITLE OF CONTACT PERSON | | | | | |
| Contact Name Andrew Wilkes | | Contact Title Operating Manager | | | |
| Street Address 40 Quail Hollow Road | | City Cranston | State RI | Zip 02920 | |
| LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY IF APPLICABLE - DO NOT LIST MEMBERS FOR ATTACHMENT <input type="checkbox"/> | | | | | |
| Manager Name Andrew Wilkes | | Manager Name | | | |
| Street Address 40 Quail Hollow Road | | Street Address | | | |
| City Cranston | State RI | Zip 02920 | City | State | Zip |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| 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

OCT 01 2015

BY 5052



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.

Andrew Wilkes
 Signature of Authorized Person Date

Andrew Wilkes
 Print or Type Name of Authorized Person