

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.

99097	KAZ REAL	KAZ REALTY COMPANY, LLC					
3. State of Formation	4. Brief descrip	4. Brief description of the character of business conducted in Rhode Island					
Rhode Island		Real esta	ate mana	gement.			
5. Principal office address 36 Leahy Street			City	Rumford	State RI	Zip <b>02916-2133</b>	
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Contact Name  Helen Kazarian			Contact Title  Manager				
Street Address 36 Leahy Street			City	Rumford	State RI	Zip <b>02916-2133</b>	
LIST ALL MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADDRI MENT) [	ESSES) OF THE LIMIT	ED LIABIL	ITY COMPANY, IF A	PPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name <b>Helen Kazarian</b>			Manager Name				
Street Address 36 Leahy Street			Street Address				
City Rumford	State RI	Zip 02916-2133	City		State	Zip	
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
RESIDENT AGENT IN R	HODE ISLAND		<del></del>				
his information is curren		Office of the Secretary	of State. C	hanges require film	g Form 642.		
		FILED					
File Date Check No.	Вү	OCT 0 8 2015 3125	this	report, including an that all statements of	y accompanying s contained herein a	irm that I have examined schedules and statementer true and correct.	
VIII TO THE STATE OF THE STATE	The second secon		Sign	ature of Authorized P		Date	
<b>by:</b>			Olgin		N KAZARIAN	Duit	

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012

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