

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.	2. Exact name of the limited liability company					
129554	Kilisheto	Kingston Properties, LLC				
3. State of Formation	Brief description of the character of business conducted in Rhode Island					
RI	Property Holding Company					
5, Principal office address 40 Carriage Ln			City Kingston	State RI	Zip 02881	
6. MAILING ADDRESS OF	LIMITED LIABILIT	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON:		
Contact Name Ina Sciabarrasi			Contact Title Owner			
Street Address 40 Carriage Ln			City Kingston	State RI	Zip 02881	
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH		PRESSES) OF THE	LIMITED LIABILITY COMPANY, I	F APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	L		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN R	HODE ISLAND					
		e Office of the Sect	retary of State. Changes require	filing Form 642		
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File Date	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying achedules and statements, and that all statements contained herein are true and correct.		
Check No	fra Lecatorica	10/05/2015	
Эу:	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	Ina Sciabarrasi		
TOR SECHETARY OF STATE USE UNLY	Print or Type Name of Authorized Person		

Form Na. 632 Revised: 01/2012