



**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.<br><b>843698</b>   |       | 2. Exact name of the limited liability company<br><b>KaiLan 500 LLC</b>                          |      |                    |                     |
| 3. State of Formation<br><b>RHODE ISLAND</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Consulting</b> |      |                    |                     |
| 5. Principal office address<br><b>141 James P. Murphy Highway</b>   |       | City<br><b>West Warwick</b>  |      | State<br><b>RI</b> | Zip<br><b>02893</b> |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |       |  |      |                    |                     |
| Contact Name<br><b>Leo H. C. Doire, Jr.</b>   |       | Contact Title<br><b>Member</b>   |      |                    |                     |
| Street Address<br><b>141 James P. Murphy Highway</b>  |       | City<br><b>West Warwick</b>  |      | State<br><b>RI</b> | Zip<br><b>02893</b> |
| 7. LIST <b>ALL</b> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |  |      |                    |                     |
| Manager Name  |       | Manager Name   |      |                    |                     |
| Street Address  |       | Street Address   |      |                    |                     |
| City  | State | Zip  | City | State              | Zip                 |
| 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**

OCT 23 2015

**259324**  
**A.A.**

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

**FOR SECRETARY OF STATE USE ONLY**

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.

Signature of Authorized Person

Date

**Leo H. C. Doire, Jr.**

Print or Type Name of Authorized Person