

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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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. 485526	2 Exact na Kaplan F	2. Exact name of the limited liability company Kaplan Realty, LLC				
3. State of Formation Rhode Island		cription of the charac real estate.	ter of business conducted in Rhod	e Island		
5. Principal office address 149 Governor Street			City Providence	State RI	Zip 02906	
Contact Name Brad Kaplan			Contact Title Member			
Street Address 149 Governor Street			City Providence	State RI	Zip 02906	
å.	THE STATE OF THE S	en e	- : : : : : : : : : : : : : : : : : : :		Na yes	
Manager Name			Manager Name			
Street Address			Street Address			
Dity	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
This information is currer	ntly of record in the	Office of the Secr	etary of State. Changes require t	iling Form 642.		

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Form No. 632 Revised: 01/2012 Under penalty of perfury, 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

Brad Kaplan

Print or Type Name of Authorized Person