

**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

[| LOGOUT |](#)**Business Corporation
Annual Report**

Filing Period: January 1 - March 1



Help with this form

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016**1. Corporate ID No.** 000014306**2. Name of Corporation** K. U. G. REALTY CO., INC.**3. Street Address Principal Business Office:**

No. and Street: 70 WOGUAGONET AVENUE

City or Town: WARWICK

State: RI

Zip: 02889

Country: USA

4. Business Phone No.401-349-4662
~~401-349-XXXX~~

FILED

5. State of Incorporation

State: RI

FEB 29 2016
2V KL 285**6. Brief Description of the Character of Business Conducted in Rhode Island**

BUSINESS RENTAL

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title

Incorporator is no longer applicable; please delete.

Delete	Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
<input type="checkbox"/>	PRESIDENT	DAVID J. URSILLO	720 PUTNAM PIKE U-601 GREENVILLE, RI 02828 USA

Select From Below Title:

First Name: Middle Name: Last Name: Suffix:
 Address: City: State: Zip: Country:
 Clear Add

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	600.00	600.00

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: ABOVE

Business Name:

No. and Street: - Same Address as -

City or Town: State: Zip: Country:

Contact Phone: Ext:

Contact Email: Clear

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 25 Day of February, 2016 at 12:59:51 PM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By *David J. Mills*

Signature of Authorized Representative of the Corporation

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-1.2. You hereby agree that any legal issues or causes of action arising from the submission of this

☐ Accept☐ Decline[Click HERE to Submit This Information](#)

Form No. 630
Revised 09/07

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