

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.

Filling 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 com	pany			
000910768	KINGS	WAY HOL	DINGS, LLC			
3. State of Formation	4. Brief description	on of the character of bu	usiness conducted in Rhode Island	1		
NEVADA	REAL	ESTATE	HOLDINGS			
5. Principal office address 101 CONVENTION				State V	^{Zip} 89/09	
6. MAILING ADDRESS OF LIMIT	TED LIABILITY CO	DMPANY AND NAME O	OR TITLE OF CONTACT PERSOI			
Contact Name GARY S. JOHNSON			Contact Title MANAGER			
Street Address 131 CLARENCE ST.			CRANSTON	State	Zip 02910	
7. LIST ALL MANAGERS (NAM ("X" BOX FOR ATTACHMENT	ES AND ADDRES	SES) OF THE LIMITED	LIABILITY COMPANY, IF APPL	ICABLE - DO NO	T LIST MEMBERS	
Manager Name JOANN TOHNSON			Manager Name			
Street Address			Street Address			
CRANSTON	State RT	Zip 02910	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHODE	ISFAND	<u>l</u> Hogicalning	i Santana di Barandaria di B	 		
This information is currently of	The second secon	ce of the Secretary of	State, Changes require filing Fo	rm 642	- C.	
<u> </u>			The stanges require ming re	Jiii 042.		
					REC CRETA DRPOR	
					2 RAC	
					700	
					PH 2	
					25 C	
					37, 37	

File Date			
Check No.	11	El	ח
By was served and served as		. L	
FOR SECRETARY OF STATE USE ON LAR	2	1 2	2016

Revised: 01/2012

By \$ 270506

Under penalty of perjury, Ideclare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Date

Sanature of Authorized Person

Print or Type Name of Authorized Person