



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

| | | | | | |
|--|--------------------|--|---|-------------------------------|--------------------------|
| 1. Entity ID No. 1337049 | | 2. Exact name of the Corporation KC PROPERTY SOLUTIONS, INC. | | | |
| 3. Principal office address 15 WILLETT RD | | | City SAUNDERSTOWN | State RI | Zip 02874 |
| 4. Business Phone No. | | | 5. State of Incorporation NEVADA | | |
| 6. Brief description of the character of business conducted in Rhode Island REAL ESTATE INVESTMENTS | | | | | |
| President Name CHRISTOPHER SQUILLANTE | | | Vice-President Name KATHLEEN SQUILLANTE | | |
| Street Address P.O. BOX 501 | | | Street Address P.O. BOX 501 | | |
| City SAUNDERSTOWN | State RI | Zip 02874 | City SAUNDERSTOWN | State RI | Zip 02874 |
| Secretary Name KATHLEEN SQUILLANTE | | | Treasurer Name KATHLEEN SQUILLANTE | | |
| Street Address P.O. BOX 501 | | | Street Address P.O. BOX 501 | | |
| City SAUNDERSTOWN | State RI | Zip 02874 | City SAUNDERSTOWN | State RI | Zip 02874 |
| Director Name CHRISTOPHER SQUILLANTE | | | Director Name | | |
| Street Address P.O. BOX 501 | | | Street Address | | |
| City SAUNDERS TOWN | State RI | Zip 02874 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. | | | NUMBER OF SHARES 25,000 | CLASS/SERIES COMMON | PAR VALUE 0.00 |

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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.

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.

Christopher Squillante 3/14/16
 Signature of Authorized Representative Date
CHRISTOPHER SQUILLANTE, PRESIDENT
 Print or Type Name of Authorized Representative

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By 270509

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