

## 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 2010

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.		ne of the limited liability co	ompany		
154036	KATT	wich Ker	It, LLC		
3. State of Formation		cription of the character of			
Rhade Island	A Brisis	_		investment, ma	
5. Principal office address	vtol Assoc I			town State	07827
6. MAILING ADDRESS O	FLIMITED LIABILIT	TY COMPANY AND NAME	OR TITLE OF CONTA	CT PERSON:	
Contact Name Paul	BosciA		Contact Title		
Street Address	entral Assoc I	. 300 Phillips St we Shite loy		ton State I	zip02852
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC		PRESSES) OF THE LIMIT	<u> </u>	IY, IF APPLICABLE - <u>DO N</u>	OT LIST MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name	<u> </u>		Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN I	RHODE ISLAND			1 dill F 0.40	
This information is curre	ntly of record in th	e Office of the Secretary	of State. Changes requ	aire filing Form 642.	
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BY <u>Ce</u>	<u> 2931</u>				5. <b>₹</b>
	(f)	59			7
			Under penalty of	perjury I deolare and affin	m that I have examined
File Date			this report, inclu and that all state	ding any accompanying sometimes contained herein a	e true and correct.
Check No					3-1-12
By:			Signature of Auth	orized Person	Date
<del></del>			Panl	BOSLIA	
FOR SECRETARY OF	STATE USE ONLY		Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012