



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.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>565995</b>		2. Exact name of the limited liability company <b>KTB ENTERPRISES, LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE ACQUISITION, DEVELOPMENT &amp; MANAGEMENT</b>	
5. Principal office address <b>2065 WEST STREET</b>		City <b>WRENTHAM</b>	State <b>MA</b>
		Zip <b>02093</b>	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>			
Contact Name <b>THOMAS BONILLO</b>		Contact Title <b>MANAGER</b>	
Street Address <b>2065 WEST STREET</b>		City <b>WRENTHAM</b>	State <b>MA</b>
		Zip <b>02093</b>	
<b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>			
Manager Name <i>Thomas Bonillo</i>		Manager Name	
Street Address <i>2065 West St</i>		Street Address	
City <i>Wrentham</i>	State <i>MA</i>	Zip <i>02093</i>	City
		State	
		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
		State	
		Zip	
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

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 2016 MAY 16 PM 2:39

**FILED**

MAY 16 2016

By 274354  
 A.A.

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.

*Thomas Bonillo*      5-14-16  
 Signature of Authorized Person      Date

**THOMAS BONILLO, MANAGER**

Print or Type Name of Authorized Person