



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year:** 2016  
**Limited Liability Company**

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <b>001097483</b>		2. Exact name of the Limited Liability Company <b>R.K. Middletown Village, LLC</b>			
3. NAICS Code <b>53</b>		4. Brief description of the character of business conducted in Rhode Island <b>Real Estate Development and Management</b>			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>c/o RK Centers, 50 Cabot Street, Suite 200</b>		City <b>Needham</b>	State <b>MA</b>	Zip <b>02494</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>David Katz</b>			Contact Title <b>Manager</b>		
Street Address <b>c/o RK Centers, 50 Cabot Street, Suite 200</b>		City <b>Needham</b>	State <b>MA</b>	Zip <b>02494</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Raanan Katz</b>		Manager Name <b>David Katz</b>			
Street Address <b>c/o RK Centers, 50 Cabot Street, Suite 200</b>		Street Address <b>c/o RK Centers, 50 Cabot Street, Suite 200</b>			
City <b>Needham</b>	State <b>MA</b>	Zip <b>02494</b>	City <b>Needham</b>	State <b>MA</b>	Zip <b>02494</b>
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<b>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.</b>					
Name of Authorized Person <b>David Katz</b>				Date <b>9/8/16</b>	
Signature of Authorized Person  SIGN DOCUMENT HERE					

**MAIL TO:**  
**Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
**Phone:** (401) 222-3040  
**Website:** www.sos.ri.gov

**FILED**

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