State of Rhode Island	and Providen	ice Plantations				
Department of S	3tate - Bus	siness Servic	ces Division		2016	
					SEP SER	
Annual Report for the	year:	6			P 30	
Limited Liability Compa	any					
→ Filing period: September	r 1 - Novemt	per 1			PH SO	
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00	in fee if form !	te mes election by the	-		?: VZ	
-	TIES II IOITI K	s not thea by Dec	ember 1.		- O H	
Entity ID Number	2. Exact na	ame of the Limited I	Liability Company			
884949	Kingsgrov	e Investments LL	LC	•		
3. NAICS Code	4. Brief des	cription of the cha	racter of business conduc	ted in Rhode Island		
53 - Real Estate and Rental and	real estate	Brief description of the character of business conducted in Rhode Island real estate				
5. State of Formation	1					
Rhode Island						
6. Principal Office Address			City	Ctota	Т	
560 Metacom Avenue			Warren	State RI	Zip	
7. Mailing Address of Limited Lia	bility Compar	ov and Name or Ti	1		02885	
Contact Name Peter King		y and reams or the	Contact Title			
Street Address 560 Metacom Ave			City Warren	State RI	^{Zip} 02885	
8. List ALL managers (names and Manager Name	d addresses)	of the Limited Lia			14PED6	
Manager Name			Manager Name	Manager Name		
Street Address			02-24 Add			
			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
O4 === A (sa			Manager Name			
Street Address			Street Address			
City	State	Zip	City	Totals	r	
			Oily	State	Zip	
Regident Agent in Rhode Island				Check the box to indic	cate an attachment	
One Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. 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.						
statements, and that all stateme	ore aim amirm	TI TOOT I house aven		ing any accompanying so	chedules and	
Name of Authorized Person Peter King				Date	<u> </u>	
				1165	pt 16	
Signature of Authorized Person		CON CON	unione e i san on popular e e unque e e e e e enque e enq que e		7010	
tera	<u> </u>	ONSIN DUX	CUMENT HERE			
					J	

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 SEP 3 0 2016 BY CK DQQ