



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 <u>150256</u>		2. Exact name of the Limited Liability Company <u>KB Realty Associates, LLC</u>			
3. NAICS Code <u>53</u>		4. Brief description of the character of business conducted in Rhode Island <u>Purchase of Building to Rent</u>			
5. State of Formation <u>RI</u>					
6. Principal Office Address <u>1280 OAKLAWN AVENUE</u>		City <u>CRAWFORD</u>		State <u>RI</u>	Zip <u>02920</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Robert Roy</u>		Contact Title <u>Member</u>			
Street Address <u>75 FARMILL ROAD</u>		City <u>FOSTER</u>		State <u>RI</u>	Zip <u>02825</u>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. Check the box to indicate an attachment <input type="checkbox"/>					
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.					
Name of Authorized Person <u>Robert Roy</u>				Date <u>9/27/16</u>	
Signature of Authorized Person <u>[Signature]</u>				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

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