

PROFIVED R.I. CLEAR OF STATE BASE CLEAR DIV

Annual Report for the year: 2016 Limited Liability Company

2015 OCT 11 PM 1: 27

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

Entity ID Number 2. Exact name of the Limited Liability Company						
861124	2. Exact name of the Limited Liability Company KaiLan Ocean LLC					
001124	Nailaii Ocean LLO					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
53 - Real Estate and Rental and	Own and manage real estate					
5. State of Formation						
Rhode Island						
6. Principal Office Address			City	State	Zip	
56 Pine Street, Suite 700			Providence	RI	02903	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Steven P. DeLuca			Contact Title Manager			
Street Address 56 Pine Street, Suite 700			City Providence	State RI	^{Zip} 02903	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name Steven P. DeLuca			Manager Name			
Street Address 56 Pine Street, Suite 700			Street Address			
City Providence	State RI	^{Zip} 02903	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Check the box to indicate an attachment						
9. 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.						
Name of Authorized Person				Date		
Steven P. DeLuca				10/11/16	10/11/16	
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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