



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 140102		2. Name of Corporation KLDG Realty, Inc.		
3. Street Address Principal Business Office 1300 Division Rd.		City West Warwick	State RI	Zip 02893
4. Business Phone No. 401-886-1151		5. State of Incorporation RHODE ISLAND		6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island THE ACQUISITION, SALE AND MANAGEMENT OF REAL PROPERTY				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Michael C. Della Grotta		Vice President Name same		
Street Address 80 Osprey Drive		Street Address		
City E. Greenwich	State RI	Zip 02818	City	State
Secretary Name same		Treasurer Name same		
Street Address		Street Address		
City	State	Zip	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name same		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
8,000 \$0.01 PAR VALUE			100	Common

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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.

Signature of Officer Michael C. Della Grotta Date 1-12-05  
Print or Type Name of Officer

Title of Officer

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