



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 119774		2. Exact name of the Corporation KIP REALTY COMPANY	
3. Principal office address 71 COMMON ST		City PROV	State RI
		Zip 02908	
4. Business Phone No. 401-829-3618		5. State of Incorporation RI	
6. Brief description of the character of business conducted in Rhode Island TO PURCHASE AND/OR ACQUIRE INVESTMENT OR SALE OR OTHERWISE OR REAL PROPERTY OF EVERY TYPE			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name YEE WAN KIP		Vice-President Name VACANT	
Street Address 71 COMMON ST		Street Address	
City PROV	State RI	Zip 02908	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name YEE WAN KIP		Director Name	
Street Address 71 COMMON ST		Street Address	
City PROV	State RI	Zip 02908	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES
		200	COMMON
			NO PAR
		PAR VALUE	

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date

Check No **JAN 18 2017**

By: **OK 1504**

FOR SECRETARY OF STATE USE ONLY

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.

Yee Wan Kip
Signature of Authorized Representative

1-11-2017
Date

YEE WAN KIP
Print or Type Name of Authorized Representative