



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. <u>119774</u>		2. Exact name of the Corporation <u>KIP REALTY COMPANY</u>	
3. Principal office address <u>71 COMMON ST</u>		City <u>PROV</u>	State <u>RI</u>
4. Business Phone No. <u>401-829-3618</u>		5. State of Incorporation <u>RI</u>	
6. Brief description of the character of business conducted in Rhode Island <u>TO PURCHASE AND/OR ACQUIRE INVESTMENT OR SALE OR OTHERWISE OR REAL PROPERTY OF EVERY TYPE</u>			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>KEE WAN KIP</u>		Vice-President Name <u>VACANT</u>	
Street Address <u>71 COMMON ST</u>		Street Address	
City <u>PROV</u>	State <u>RI</u>	Zip <u>02908</u>	
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 <u>KEE WAN KIP</u>		Director Name	
Street Address <u>71 COMMON ST</u>		Street Address	
City <u>PROV</u>	State <u>RI</u>	Zip <u>02908</u>	
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
		<u>200</u>	<u>COMMON</u>
		<u>NO PAR</u>	

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.

File Date

**FILED**

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.

Signature of Authorized Representative

Date

KEE WAN KIP

Print or Type Name of Authorized Representative