



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

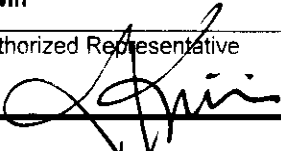
Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

1. Entity ID Number 849359		2. Exact name of the Corporation LKRD, LTD												
3. Principal Office Address 418 Spring St			City Newport	State RI	Zip 02840									
4. NAICS Code 53 - Real Estate and Rental and		6. Brief description of the character of business conducted in Rhode Island real estate and interior designing												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Lizbeth J. Kirwin			Vice-President Name Lizbeth J. Kirwin											
Street Address 418 Spring St			Street Address 418 Spring St											
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840									
Secretary Name George A. Jones			Treasurer Name Lizbeth J. Kirwin											
Street Address 418 Spring St			Street Address 418 Spring St											
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name N/A			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>common</td> <td>\$0.0100</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	common	\$0.0100			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
1000	common	\$0.0100												
11. 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.														
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 Representative Lizbeth J. Kirwin				Date 2/21/17										
Signature of Authorized Representative 														

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

FEB 21 2017

By 110511 A-17