



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 142805		2. Exact name of the limited liability company KOTO HOLDINGS, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Investment and Holding	
5. Principal office address 12 CRESTVIEW DRIVE		City GREENVILLE	State RI
		Zip 02828-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name TERRANCE P. OATES		Contact Title .	
Street Address 12 CRESTVIEW DRIVE		City GREENVILLE	State RI
		Zip 02828-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	City
State	State	Zip	State
Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	City
State	State	Zip	State
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name JEFFREY A. ST. SAUVEUR, ESQ.		Address 50 PARK ROW WEST, SUITE 102	
Address BELLIVEAU & ST. SAUVEUR, LLP		City PROVIDENCE	Zip 02903-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



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File Date 10/28/05

Check No. 8754

By: TPO

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.

Terrance P Oates 10/24/05
Signature of Authorized Person Date

TERRANCE P. OATES
Print or Type Name of Authorized Person

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SECRETARY OF STATE
CORPORATIONS DIVISION