Sta	ate of Rhode Island and Pr Office of the Secret		Fee: \$50.00
	Division Of Busine 148 W. River		
HOPE	Providence RI 029 (401) 222-39		
Limited Liability Comp Annual Report Filing Period: September 1 -			
	7-16-66(d), each limited liability cor thirty (30) days after the time pres enalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2018		
1. ID No. <u>000156654</u>			
2. Exact Name of the Lim	ited Liability Company <u>KAD R</u>	EALTY, LLC	
3. State of Formation			
State: <u>CT</u>			
	ARTICLE III		
-	ode that best describes the primar information on <u>NAICS</u> can be foun	-	ntity. Download
<u>531120</u>			
4. Brief Description of the	Character of the Business White	h is Actually Conducted in R	thode Island
REAL ESTATE HOLDIN	<u>IGS</u>		
5. Principal Office Addres	S		
	<u>SOUTH STREET</u> <u>BRITAIN</u> State:	<u>CT</u> Zip: <u>06051</u> Cou	ntry: <u>USA</u>
6. Mailing Address of Lim	ited Liability Company and Nan	e or Title of Contact Person	:
	A. DEVIVO Contact Title: MANA	GER	
	BRITAIN State:	<u>CT</u> Zip: <u>06051</u> Cou	ntry: <u>USA</u>
7. Name and Address of E DO NOT LIST MEMBER	Each Manager of the Limited Lia S	bility Company, if Applicabl	e.
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zi	p Code, Country

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 28 Day of August, 2018 at 8:33:00 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>DONALD A. DEVIVO</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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