




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

SOS.P

**Annual Report for the year: 2018**  
**Limited Liability Company**

- Filing period: September 1 - November 1  
 → Filing Fee: \$50.00  
 → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <b>000121504</b>		2. Exact name of the Limited Liability Company <b>R.K. Middletown 1, LLC</b>			
3. NAICS Code <b>531110</b>		4. Brief description of the character of business conducted in Rhode Island <b>Real Estate Development and Management</b>			
5. State of Formation <b>RI</b>					
6. Principal Office Address <b>c/o RK Centers, 50 Cabot Street, Suite 200</b>			City <b>Needham</b>	State <b>MA</b>	Zip <b>02494</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>David Katz</b>			Contact Title <b>Manager</b>		
Street Address <b>c/o RK Centers, 50 Cabot Street, Suite 200</b>			City <b>Needham</b>	State <b>MA</b>	Zip <b>02494</b>
8. List <b>ALL</b> managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b>					
Manager Name <b>Raanan Katz</b>			Manager Name <b>David Katz</b>		
Street Address <b>c/o RK Centers, 50 Cabot Street, Suite 200</b>			Street Address <b>c/o RK Centers, 50 Cabot Street, Suite 200</b>		
City <b>Needham</b>	State <b>MA</b>	Zip <b>02494</b>	City <b>Needham</b>	State <b>MA</b>	Zip <b>02494</b>
Manager Name <b>Sabra Katz</b>			Manager Name		
Street Address <b>c/o RK Centers, 50 Cabot Street, Suite 200</b>			Street Address		
City <b>Needham</b>	State <b>MA</b>	Zip <b>02494</b>	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<b>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.</b>					
Name of Authorized Person <b>David Katz</b>				Date <b>8/21/18</b>	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

**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**

SEP 04 2018

BY 116135

FORM 632 - Revised: 10/2017