RI SOS Filing Number: 201987772340 Date: 2/25/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

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	2. Exact name of the Corporation		
65680	**B.K. Realty Corporation**		
3. Principal Office Address: **32 Greenwood Street**	City: **North Smithfield**	State: **RI**	Zip: **02896**
4 NAICS Code: 531110 -	6. Brief description of the character of business conducted in Rhode Island: **Real estate development and property management**		
5. State of Incorporation: **RI**			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: **Vasilios Kritharas**			Vice-President Name: **Lisa Biliouris**		
Street Address: **147 Fairview Avenue**			Street Address: **P.O. Box 1170**		
City: **Belmont**	State: **MA**	Zip: **02178**	City: **Slatersville**	State: **RI**	Zip: **02876**
Secretary Name: **Yolanda Kritharas**			Treasurer Name: **Alexander J. Biliouris**		
Street Address: **55 Dinsmore Street, Apt. 401**			Street Address: **P.O. Box 1170**		
City: **Framingham**	State: **MA**	Zip: **01701**	City: **Slatersville**	State: **RI**	Zip: **02876**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: **Vasilios Kritharas**			Director Name: **Lisa Biliouris**		
Street Address: **147 Fairview Avenue**			Street Address: **P.O. Box 1170**		
City: **Belmont**	State: **MA**	Zip: **02178**	City: **Slatersville**	State: **RI**	Zip: **02876**
Director Name: **Yolanda Kritharas**			Director Name: **Alexander J. Biliouris**		
Street Address: **55 Dinsmore Street, Apt. 401**			Street Address: **P.O. Box 1170**		
City: **Framingham**	State: **MA**	Zip: **01701**	City: **Slatersville**	State: **RI**	Zip: **02876**

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	**COMMON**	**NO PAR VALUE**

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: ~~Vasilios Kritharas~~, ~~President~~ Alexander Biliouris Treasurer — Date: 2-15-19

Signature of Authorized Representative: X SIGN DOCUMENT HERE

FILED

FEB 25 2019

BY 4717 DS

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017