



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. 120929		2. Exact name of the limited liability company KID Realty, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO INVOLVE FAMILY MEMBERS IN THE OWNERSHIP AND MANAGEMENT OF THE FAMILY	
5. Principal office address 1100 Tollgate Road		City Warwick	State RI
		Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Patrick J. Sullivan		Contact Title Agent	
Street Address 505 Tiogue Avenue - Suite B		City Coventry	State RI
		Zip 02816	
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 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
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name PATRICK J. SULLIVAN, ESQ.		Address	
Address 475 TIOGUE AVENUE, SUITE 3		City COVENTRY	Zip 02816

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



File Date	1/9/06	*120929*
Check No.	501	
By:		
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.

Signature of Authorized Person  
12/29/05  
Date  
  
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
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100 North Main Street, Providence, RI 02903-1335  
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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 120929		2. Exact name of the limited liability company KID Realty, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO INVOLVE FAMILY MEMBERS IN THE OWNERSHIP AND MANAGEMENT OF THE FAMILY BUSINESS			
5. Principal office address 1100 Tollgate Road		City Warwick	State RI	Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name PATRICK J SULLIVAN		Contact Title .			
Street Address 475 TIOGUE AVE. SUITE 3		City COVENTRY	State RI	Zip 02816-	
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 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 .	Zip .
Manager Name .		Manager Name .			
Street Address .		Street Address .			
City .	State .	Zip .	City .	State .	Zip .
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name PATRICK J. SULLIVAN, ESQ.		Address 475 TIOGUE AVENUE, SUITE 3			
Address .		City COVENTRY		Zip 02816-	

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



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*120929 DLLC 08/17/04 02:19:25 PM*	
File Date	SEP 02 2004
Check No.	1001
By	BARBARA IZZO
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.

Signature of Authorized Person Barbara Izzo Date 8/25/04

BARBARA IZZO

Print or Type Name of Authorized Person



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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 120929	2. Exact name of the limited liability company KID Realty, LLC				
3. State of Formation RHODE ISLAND	4. Brief description of the character of the business which is actually conducted in Rhode Island TO INVOLVE FAMILY MEMBERS IN THE OWNERSHIP AND MANAGEMENT OF THE FAMILY BUSINESS				
5. Principal office address 1100 Tollgate Road		City Warwick	State RI	Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name PATRICK J SULLIVAN		Contact Title			
Street Address 475 TIOGUE AVE. SUITE 3		City COVENTRY	State RI	Zip 02816-	
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 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	Zip
Manager Name		*Manager Name			
Street Address		*Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name PATRICK J. SULLIVAN, ESQ.		Address 475 TIOGUE AVENUE, SUITE 3			
Address		City COVENTRY	Zip 02816-		

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



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\*120929 DLL 08/17/04 02:13:32 PM\*

File Date SEP 02 2004

Check No. 12837

By: [Signature]

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.

[Signature] 8/25/04  
Signature of Authorized Person Date

BARBARA IZZO

Print or Type Name of Authorized Person



# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 120929		2. Exact name of the limited liability company KID Realty, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island To involve family members in the ownership and management of the family	
5. Principal office address 475 Tiogue Avenue Suite 3		City Coventry	State RI
		Zip business 02816	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Patrick J. Sullivan, Esq.		Contact Title .	
Street Address 475 Tiogue Avenue Suite 3		City Coventry	State RI
		Zip 02816	
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 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 .	City .	State .
Zip .	Zip .	Zip .	Zip .
Manager Name .		Manager Name .	
Street Address .		Street Address .	
City .	State .	City .	State .
Zip .	Zip .	Zip .	Zip .
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name PATRICK J. SULLIVAN, ESQ.		Address .	
Address 475 TIOGUE AVENUE, SUITE 3		City COVENTRY	Zip 02816-

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



\* 1 2 0 9 2 9 \*

File Date	1-13-03
Check No.	5327
By:	<i>[Signature]</i>
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.

*[Signature]* 11/7/02  
Signature of Authorized Person Date  
*[Signature]*  
Print or type Name of Authorized Person