



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

**FILED**

SEP 05 2019

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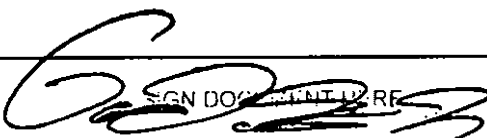
Annual Report for the year: **2019**

## 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<br><b>113451</b>  |                 | 2. Exact name of the Limited Liability Company<br><b>KILDAY PROPERTIES, LLC</b>   |                                |                        |                     |
| 3. NAICS Code<br><b>531120</b>  |                 | 4. Brief description of the character of business conducted in Rhode Island<br><b>HOLDING, OWNING, BUYING, SELLING, PLEDGING OR OTHERWISE DEALING IN REAL ESTATE, ENGAGING IN OTHER ACTIVITIES AS MEMBERS MAY DETERMINE</b> |                                |                        |                     |
| 5. State of Formation<br><b>RHODE ISLAND</b>  |                 |   |                                |                        |                     |
| 6. Principal Office Address<br><b>7335 POST RD</b>  |                 |   | City<br><b>NORTH KINGSTOWN</b> | State<br><b>RI</b>     | Zip<br><b>02852</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |                 |   |                                |                        |                     |
| Contact Name <b>GORDON A. KILDAY, JR.</b>   |                 |   | Contact Title                  |                        |                     |
| Street Address <b>7335 POST ROAD</b>  |                 |   | City <b>NORTH KINGSTOWN</b>    | State <b>RI</b>        | Zip <b>02852</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |                 |   |                                |                        |                     |
| Manager Name <b>GORDON A. KILDAY, JR.</b>   |                 |   | Manager Name                   |                        |                     |
| Street Address <b>7355 POST ROAD</b>  |                 |   | Street Address                 |                        |                     |
| City <b>NORTH KINGSTOWN</b>   | State <b>RI</b> | Zip <b>02852</b>  | City                           | State                  | Zip                 |
| Manager Name  |                 |   | Manager Name                   |                        |                     |
| Street Address  |                 |   | Street Address                 |                        |                     |
| City  | State           | Zip   | 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<br><b>GORDON A. KILDAY, JR.</b>   |                 |   |                                | Date<br><b>8-28-19</b> |                     |
| Signature of Authorized Person<br>  |                 |   |                                |                        |                     |

## MAIL TO:

Division of Business Services

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