



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

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.

FILED STAMP

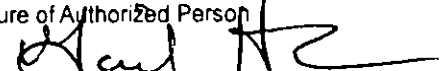
OCT 11 2019

FOR
RECORDING OF STATE
USE ONLY

BY

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DS

1. Entity ID Number 116537		2. Exact name of the Limited Liability Company KT ENTERPRISES, LLC			
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island TO BUY, OWN, MANAGE, LEASE AND SELL COMMERCIAL AND RESIDENTIAL REAL ESTATE			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 281 WOLCOTT AVENUE			City MIDDLETOWN	State RI	Zip 02842
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name GAIL HOLMES			Contact Title MANAGER		
Street Address 281 WOLCOTT AVENUE			City MIDDLETOWN	State RI	Zip 02842
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name GAIL HOLMES			Manager Name		
Street Address 281 WOLCOTT AVENUE			Street Address		
City MIDDLETOWN	State RI	Zip 02842	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.					
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 Person Gail Holmes				Date 10/8/2019	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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