| St | ate of Rhode Island and Pro | vidence Plantations | Fee: \$50.00 |
|---|--|---------------------------------------|--------------------|
| Office of the Secretary of State | | | |
| Division Of Business Services 148 W. River Street | | | |
| Providence RI 02904-2615 | | | |
| HOPE | (401) 222-30 | 40 | |
| Limited Liability Comp | bany | | |
| Annual Report Filing Period: September 1 - | November 1 | | |
| | 7-16-66(d), each limited liability com | pany failing or refusing | |
| to file its annual report within | n thirty (30) days after the time presc | | |
| 16-66(b&c)) is subject to a p | | | |
| ANNUAL REPORT YEAR: 2019 | | | |
| 1. ID No. <u>000843698</u> | | | |
| 2. Exact Name of the Limited Liability Company <u>KAILAN 500 LLC</u> | | | |
| 3. State of Formation | | | |
| State: <u>RI</u> | | | |
| ARTICLE III | | | |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download | | | |
| the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online. | | | |
| <u>531311</u> | | | |
| 4. Brief Description of the | Character of the Business Which | n is Actually Conducted in Rh | ode Island |
| | | | |
| OWN AND MANAGE REAL ESTATE | | | |
| 5. Principal Office Addres | | | |
| | | | |
| | <u>IES P. MURPHY HIGHWAY</u> <u>WARWICK</u> | State: <u>RI</u> Zip: <u>02893</u> Co | ountry: <u>USA</u> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: | | | |
| Contact Name: STEVEN P. DELUCA Contact Title: MANAGER | | | |
| No. and Street: ONE TURKS HEAD PLACE | | | |
| City or Town: <u>SUITE</u> | | ate: <u>RI</u> zip: <u>02903</u> Cou | Intry: USA |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. | | | |
| | ~ | 1 | |
| Title | Individual Name | Address | |
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip (| Code, Country |

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>STEVEN P. DELUCA, ESQ.</u> <u>WIECK DELUCA & GEMMA INCORPORATED</u> <u>ONE TURKS HEAD PLACE,</u> <u>SUITE 1300</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02903</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 2 Day of December, 2019 at 11:36:40 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>STEVEN P. DELUCA</u> Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2019 State of Rhode Island and Providence Plantations All Rights Reserved