



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

**FILED**

DEC 18 2019

Annual Report for the year: 2020

Corporation.

- Filing period: January 1 - March 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY

19117  
[Signature]

1. Entity ID Number 791623		2. Exact name of the Corporation LKRE, LTD			
3. Principal Office Address 418 Spring St		City Newport		State RI	Zip 02840
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island real estate			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Lizbeth J. Kirwin			Vice-President Name Lizbeth J. Kirwin		
Street Address 418 Spring St			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name Lizbeth J. Kirwin			Treasurer Name Lizbeth J. Kirwin		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name N/A			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			100	common	\$0.010
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.					
<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 Representative Lizbeth J. Kirwin					Date 12/16/19
Signature of Authorized Representative [Signature]					

MAIL TO:  
Division of Business Services  
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FORM 630 - Revised: 10/2017