



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2020

## 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

AUG 26 2020

BY

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1. Entity ID Number <b>1042042</b>		2. Exact name of the Limited Liability Company <b>K&amp;L Properties, LLC</b>			
3. NAICS Code <b>53110</b> 53 - Real Estate and Rental and		4. Brief description of the character of business conducted in Rhode Island <b>Real Estate holding and property management company</b>			
5. State of Formation <b>Rhode Island</b>					
6. Principal Office Address <b>195 Ten Rod Road</b>			City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Keith J. Lussier</b>			Contact Title <b>Manager</b>		
Street Address <b>195 Ten Rod Road</b>			City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Keith J. Lussier</b>			Manager Name <b>Lynette L. Lussier</b>		
Street Address <b>195 Ten Rod Road</b>			Street Address <b>195 Ten Rod Road</b>		
City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>	City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>
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 <b>Keith J. Lussier, Manager</b>				Date <b>8/17/20</b>	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

## MAIL TO:

Division of Business Services

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