



State of Rhode Island

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 STAMP

SEP 30 2020

BY

1285

DS

1. Entity ID Number 001676173		2. Exact name of the Limited Liability Company KAP, LLC			
3. NAICS Code 531390		4. Brief description of the character of business conducted in Rhode Island REAL ESTATE INVESTMENTS			
5. State of Formation R.I.					
6. Principal Office Address 7 SHORELINE DRIVE			City WESTERLY	State RI	Zip 02891
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name MICHAEL CAPALBO			Contact Title OWNER		
Street Address 7 SHORELINE DR.			City WESTERLY	State RI	Zip 02891
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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. The Resident Agent information currently of record with the RI Department of State is accurate. 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 MICHAEL CAPALBO				Date 9/28/2020	
Signature of Authorized Person <i>McCar</i>					

MAIL TO:

Division of Business Services

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