



State of Rhode Island

Department of State - Business Services Division

FILED

OCT 06 2020

BY

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.

1. Entity ID Number <u>000141833</u>		2. Exact name of the Limited Liability Company <u>Kappa Beta Xc LLC</u>			
3. NAICS Code <u>511490</u>		4. Brief description of the character of business conducted in Rhode Island <u>Real Estate</u>			
5. State of Formation <u>Mass</u>					
6. Principal Office Address <u>30 John Dyer Rd</u>		City <u>Little Compton</u>	State <u>RI</u>	Zip <u>02837</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Charles Sourmaides</u>		Contact Title <u>Manager</u>			
Street Address <u>30 John Dyer Rd</u>		City <u>Little Compton</u>	State <u>RI</u>	Zip <u>02837</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <u>Charles Sourmaides</u>		Manager Name			
Street Address <u>30 John Dyer Rd</u>		Street Address			
City <u>Little Compton</u>	State <u>RI</u>	Zip <u>02837</u>	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 <u>Charles Sourmaides</u>				Date <u>9-30-20</u>	
Signature of Authorized Person 					

MAIL TO:

Division of Business Services

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