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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
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1 Entity ID Number 116537		Exact name of the Limited Liability Company KT ENTERPRISES, LLC					
3. NAICS Code	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island					
531110	TO BUY, O	TO BUY, OWN, MANAGE, LEASE AND SELL COMMERCIAL AND RESIDENTIAL REAL ESTATE					
5. State of Formation RHODE ISLAND							
6. Principal Office Address			City	State	Zip		
281 WOLCOTT AVE			MIDDLETOWN	RI	02842		
7. Mailing Address of Limite	ed Liability Compan	y and Name or Tit	le of Contact Person				
Contact Name GAIL HOLMES			Contact Title MANAGER				
Street Address 281 WOLCOTT AVE		City MIDDLETOWN	State RI	Zip ₀₂₈₄₂			
		of the Limited Lia	bility Company, IF APPLICABL	E - DO NOT LIST	MEMBERS		
Manager Name GAIL HOLM	Name GAIL HOLMES		Manager Name				
Street Address 281 WOLCOTT AVE		Street Address					
City MIDDLETOWN	State RI	Zip 02842	City	State	Zıp		
Manager Name		Manager Name					
Street Address			Street Address				
City	State	Zip	City	State	Zip		
 .				Check the box to	indicate an attachment		
9. The Resident Agent info	rmation currently of	record with the R	Department of State is accura	te. Changes requir	e filing Form 642.		
Under penalty of perjury, statements, and that all s			nmined this report, including te and correct.	any accompanyin	ng schedules and		
Name of Authorized Person Gail Holmes			Date 10 7	Date 10/26/2020			
Signature of Authorized Pe		····		ı			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov