

Annual Report for the year: $\frac{2020}{}$ 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
OCT 3 0 2020	2

1 Entity ID Number 116537		2. Exact name of the Limited Liability Company KT ENTERPRISES, LLC					
3. NAICS Code	4. Brief desc	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	tle 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 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	Žip	City	State	Zip		
-		l		Check the box to	I indicate an attachment ☐		
9. The Resident Agent info	mation currently of	record with the R	Department of State is accura				
Under penalty of perjury, statements, and that all s			amined this report, including se and correct.	any accompanyin	ng schedules and		
Name of Authorized Person	n ,			Date			
Gail He	olmes			10/2	26/2020		
Signature of Authorized Pe	rsbn			•			

MAIL TO:

Division of Business Services

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

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