STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown,** Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
143988	K & W REAL ESTATE, INC.

3. Street Address Principal Business Office	City	State	Zip
2 Bates Trail	East Greenwich	RI	02818

4. Business Phone No.	5. State of Incorporation	6. SIC Code
	RHODE ISLAND	

7. Brief Description of the Character of Business Conducted in Rhode Island
TO OWN, LEASE, SELL AND BUY ALL KINDS OF REAL ESTATE, AND ALL KINDS OF PERSONAL PROPERTY RELATED TO REAL ESTATE

8. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Wyle Almulkie	Kinda Mustafa
Street Address: 2 Bates Trail	Street Address: 2 Bates Trail
City: East Greenwich State: RI Zip: 02818	City: East Greenwich State: RI Zip: 02818
Secretary Name	**Treasurer Name**
Kinda Mustafa	Wyle Almulkie
Street Address: 2 Bates Trail	Street Address: 2 Bates Trail
City: East Greenwich State: RI Zip: 02818	City: East Greenwich State: RI Zip: 02818

9. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	**Director Name**
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE	

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100		No par value

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

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.

Wyle Almulkie 6/2/05
Signature of Officer *Date*

WYLE ALMULKIE
Print or Type Name of Officer

President
Title of Officer

[redacted]

File Date 7-6-05
Check No. 119
By:

FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/03