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## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 - Email: corporations@sos.ri.gov - Website: www.sos.ni.gov P.T. OF

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 157486		2. Exact name of the limited liability company KC REALTY, LLC					
3. State of Formation RHODE ISLAND	4. Brief desc MANAGI	4. Brief description of the character of business conducted in Rhode Island MANAGE, ACQUIRE, MAINTAIN AND DEVELOP REAL ESTATE# 53/309					
5. Principal office address 555 PLEASANT STREET			City ATTLEBORO	State MA	Z <sub>IP</sub> 02703		
6. MAILING ADDRESS OF	LIMITED LIABILIT	TY COMPANY, AND	NAME OR TITLE OF CONTACT PE	RSON: PARTIES	CONTRACTOR SANDA		
Contact Name YVONNE HINES-BRUCE			Contact Title MEMBER				
Street Address 555 PLEASANT STREET			City ATTLEBORO	State MA	Zip 02703		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zıp		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zıp		
					TOTAL TO		
This information is curren	tly of record in th	e Office of the Secr	etary of State. Changes require fi	ling Form 642.			
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Form No. 632 Revised: 01/2012

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,

Signature of Authorized Person

Date

YVONNE HINES-BRUCE

Print or Type Name of Authorized Person