|) To 20 1 | land and Providence I of State - Busin | | es Divísion | _ | | |
|---|---|--|---------------------------|----------------------|----------------------|--|
| Annual Report for t | he year: <u>202</u> | 1 | | FILED | | |
| Limited Liability Co | mpany | | OCT 2 1 2021 | | | |
| → Fifing period: Septer → Filing Fee: \$50.00 | mber 1 - November | 1 | | | | |
| → Penalty: Additional \$ | 25.00 fee if form is n | ot filed by Dece | ember 1. | BY | | |
| 1. Entity ID Number 744934 | | 2. Exact name of the Limited Liability Company K M & M REALTY, LLC | | | | |
| 3. NAICS Code | 4. Brief descrip | Brief description of the character of business conducted in Rhode Island | | | | |
| 531120 | Real estate | Real estate | | | | |
| 5. State of Formation | | | | | | |
| Rhode Island | | | | | | |
| 6 Principal Office Address | | | City | State | Zıp | |
| 46 Molter Street | | | Cranston | RI | 02910 | |
| 7. Mailing Address of Limit | | and Name or Tit | | | | |
| Contact Name Michael J. Malloy | | | Contact Title Manager | | | |
| Street Address 1490 Pippin Orchard Road | | | City Cranston | State RI | ^{Zip} 02921 | |
| 8. List ALL managers (nam | | f the Limited Lia | bility Company, IF APPLIC | ABLE - DO NOT LIST I | MEMBERS | |
| Månager Name Michael J. Malloy | | | Manager Name | | | |
| Street Address 1490 Pippin Orchard Road | | | Street Address | | | |
| City Cranston | State RI | ^{Zip} 02921 | City | State | Zıp | |
| Manager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |

9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.

Zip

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.

City

NOTES AND STATES OF STATES

Name of Authorized Person

Michael J. Malloy

Date

State

95ept2021

Zıp

Check the box to indicate an attachment

Signature of Authorized Perso

MAIL TO:

City

Division of Business Services

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

State

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