



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: **2021**

## 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.

NOV 08 2021

BY

107  
DS

|                                                                                                                                                                                                      |       |                                                                                                                |      |                 |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------------------------------------------------------|------|-----------------|--------------|
| 1. Entity ID Number<br><b>001713936</b>                                                                                                                                                              |       | 2. Exact name of the Limited Liability Company<br><b>KRETA REALTY, LLC</b>                                     |      |                 |              |
| 3. NAICS Code<br><b>531110</b>                                                                                                                                                                       |       | 4. Brief description of the character of business conducted in Rhode Island<br>Operating a real estate company |      |                 |              |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                |       |                                                                                                                |      |                 |              |
| 6. Principal Office Address<br>1864 Mineral Spring Avenue                                                                                                                                            |       | City<br>North Providence                                                                                       |      | State<br>RI     | Zip<br>02904 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                                                |      |                 |              |
| Contact Name<br>Eleni Nikoloudakis                                                                                                                                                                   |       | Contact Title<br>Member                                                                                        |      |                 |              |
| Street Address<br>1864 Mineral Spring Avenue                                                                                                                                                         |       | City<br>North Providence                                                                                       |      | State<br>RI     | Zip<br>02904 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                     |       |                                                                                                                |      |                 |              |
| Manager Name                                                                                                                                                                                         |       | Manager Name                                                                                                   |      |                 |              |
| Street Address                                                                                                                                                                                       |       | Street Address                                                                                                 |      |                 |              |
| City                                                                                                                                                                                                 | State | Zip                                                                                                            | City | State           | Zip          |
| Manager Name                                                                                                                                                                                         |       | Manager Name                                                                                                   |      |                 |              |
| Street Address                                                                                                                                                                                       |       | Street Address                                                                                                 |      |                 |              |
| City                                                                                                                                                                                                 | State | Zip                                                                                                            | City | State           | Zip          |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                     |       |                                                                                                                |      |                 |              |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                  |       |                                                                                                                |      |                 |              |
| 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. |       |                                                                                                                |      |                 |              |
| Name of Authorized Person<br>Eleni Nikoloudakis                                                                                                                                                      |       |                                                                                                                |      | Date<br>11/8/21 |              |
| Signature of Authorized Person<br><i>Eleni Nikoloudakis</i>                                                                                                                                          |       |                                                                                                                |      |                 |              |

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov