RI SOS PM

State of Rhode Island
Department of State - Business Services Division

2021

Annual Report for the year: _____
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
DEC 13 2021
BY

1. Entity ID Number	2. Exact name of the Limited Liability Company
000141833	Kappa Beta Xi LLC
3. NAICS Code: 531190	4. Brief description of the character of business conducted in Rhode Island: Real Estate
5. State of Formation: Mass	

6. Principal Office Address	City	State	Zip
30 John Dyer Rd	Little Compton	RI	02837

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title
Charles Sourmaidis	Manager

Street Address	City	State	Zip
30 John Dyer Rd	Little Compton	RI	02837

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name	Manager Name
Charles Sourmaidis	
Street Address: 30 John Dyer Rd	Street Address
City: Little Compton State: RI Zip: 0283	City / State / Zip
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip

Check the box to indicate an attachment ☐

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: Charles Sourmaidis
Date: 12/13/21
Signature of Authorized Person:

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615