



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Corporation

MAR 02 2023
 BY 5413
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- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 65680		2. Exact name of the Corporation B.K. Realty Corporation			
3. Principal Office Address 10 Valley View Drive		City North Smithfield		State RI	Zip 02896
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island Real estate development and property management			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <i>Christina</i> Kritharas			Vice-President Name Lisa Biliouris		
Street Address 147 Fairview Avenue			Street Address P.O. Box 1170		
City Belmont	State MA	Zip 02178	City Slatersville	State RI	Zip 02876
Secretary Name Yolanda Kritharas			Treasurer Name Alexander J. Biliouris		
Street Address 55 Dinsmore Street, Apt. 401			Street Address P.O. Box 1170		
City Framingham	State MA	Zip 01701	City Slatersville	State RI	Zip 02876
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <i>Christina</i> Kritharas			Director Name Lisa Biliouris		
Street Address 147 Fairview Avenue			Street Address P.O. Box 1170		
City Belmont	State MA	Zip 02178	City Slatersville	State RI	Zip 02876
Director Name Yolanda Kritharas			Director Name Alexander J. Biliouris		
Street Address 55 Dinsmore Street, Apt. 401			Street Address P.O. Box 1170		
City Framingham	State MA	Zip 01701	City Slatersville	State RI	Zip 02876
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200		Common	No Par Value
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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 Representative <i>Alexander J. Biliouris</i>					Date 2-13-23
Signature of Authorized Representative <i>[Signature]</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