



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