State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2024

FILED

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by April 1.

Entity ID Number	In Event per	Alba Casanatu				()			
1711956		ne of the Corporation							
	KaE nov	wes Propertie	<u> </u>						
3 Principal Office Address			C ty	<u> </u>	State	State Zip			
60 Ocean State Drive			North Kings		RI	02852			
4. NAICS Code	6 Brief desc	6 Brief description of the character of bus ness conducted in Rhode Island							
531120	BUYING, \$	BUYING, SELLING, OWING, LEASING AND DEALING IN REAL ESTATE							
5. State of Incorporation									
Rhode Island									
7. List ALL officers (names an	nd addresses)				the box to	indicate an attachment [
President Name Robert B. Howes, II			Vice-President Name Robert B. Howes, II						
Street Address 60 Ocean State			Street Address	s 60 Ocean State Dr					
City North Kingstown	State RI	Zip 02852		City North Kingstown		Zip 02852			
Secretary Name Robert B. Howes, il				Treasurer Name Robert B. Howes, II					
Street Address 60 Ocean State			Street Address	s 60 Ocean State D		, , , , , , , , , , , , , , , , , , ,			
^{City} North Kingstown	State RI	Zip 02852	City North K	City North Kingstown		Z ^{-p} 02852			
8. List ALL directors (names a	and addresses)			Check	the box to	indicate an attachment [
Director Name			Director Name						
Street Address			Stree! Address	<u> </u>					
01 0011 1001			Street, Algoritos	,					
City	State	Zıp	C.ty		State	Zıp			
D-rector Name		• • • • • • • • • • • • • • • • • • • •	D rector Name	,					
Street Address			Street Address	<u> </u>					
Street Address			Stree: Modress	;					
City	State	Zıp	City		State	Zip			
9. Shares Authorized		10. Shares Iss				indicate an attachment [
This information is currently of Department of State.	record in the		DE SHARES	CLASS/SERIE	CLASS/SERIES PAR VALUE				
Changes require an additional filing.		100		Class A Votin	Class A Voting nor				
		900		L		none			
11. This report must be executivistee, this report must be ex	ited on behalf of the	corporation by an	authorized repres	entative. If the corpo	oration is in	the hands of a receiver o			
Under penalty of perjury, I d	declare and affirm	that I have examir	ned this report. ii	ustee. ncluding any accor	mpanyino s	schedules and			
<u>statements, and that all stat</u>	tements contained	l herein are true ar	nd correct.		· · · · · · · · · · · · · · · · · · ·				
Name of Authorized Represer					Date	1 1			
Robert B. Howes, II, Preside				102/12/24 Pht 13t - II					
Signature of Authorized Repre	esentative	24 1 11	e in the figure of the control of	Dlat 13	; X/	·II			

MAIL TO:

Division of Business Services

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

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

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