



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
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 BY 2240

Annual Report for the year: 2024
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

| | | | | | |
|--|----------------------|--|---|------------------------|---------------------|
| 1. Entity ID Number 60891 | | 2. Exact name of the Corporation KING REALTY ASSOCIATES, INC | | | |
| 3. Principal Office Address 1495 Newport Ave. | | | City Pawtucket | State R.I. | Zip 02861 |
| 4. NAICS Code 531311 | | 6. Brief description of the character of business conducted in Rhode Island REAL ESTATE MANAGEMENT, REHABILITATION, CONSTRUCTION, SALES, PURCHASE, BROKERAGE, COUSULTATION | | | |
| 5. State of Incorporation R.I. | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name KEVIN F. KING | | | Vice-President Name KEVIN F. KING | | |
| Street Address 34 DAVIS RD. | | | Street Address 34 DAVIS RD | | |
| City N. SCITUATE | State R.I. | Zip 02857 | City N. SCITUATE | State R.I. | Zip 02857 |
| Secretary Name KEVIN F. KING | | | Treasurer Name KEVIN F. KING | | |
| Street Address 34 DAVIS RD. | | | Street Address 34 DAVIS RD. | | |
| City N. SCITUATE | State R.I. | Zip 02857 | City N. SCITUATE | State R.I. | Zip 02857 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name KEVIN F. KING | | | Director Name | | |
| Street Address 34 DAVIS RD. | | | Street Address | | |
| City N. SCITUATE | State R.I. | Zip 02857 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 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 |
| 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. <i>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.</i> | | | | | |
| Name of Authorized Representative KEVIN F. KING, PRESIDENT | | | | Date 4-23-24 | |
| Signature of Authorized Representative | | | SIGN DOCUMENT HERE | | |