



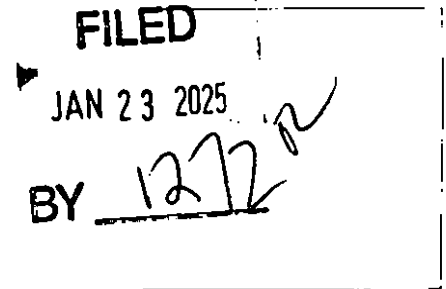
State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025  
Limited Liability Company

→ 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<br><b>001727835</b>  |  | 2. Exact name of the Limited Liability Company<br><b>KGS Realty, LLC</b>   |                        |                     |
| 3. NAICS Code<br><b>531110</b>   |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real Estate Investment primarily leasing residential and non residential</b> |                        |                     |
| 5. State of Formation<br><b>RI</b>   |  |  |                        |                     |
| 6. Principal Office Address<br><b>1600 Flat River Road</b>   |  | City<br><b>Coventry</b>  | State<br><b>RI</b>     | Zip<br><b>02816</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |  |  |                        |                     |
| Contact Name<br><b>Jacqueline J. Grace</b>   |  | Contact Title<br><b>Member</b>   |                        |                     |
| Street Address<br><b>1901 Flat River Road</b>  |  | City<br><b>Coventry</b>  | State<br><b>RI</b>     | Zip<br><b>02816</b> |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.  |  |  |                        |                     |
| 9. <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 Person<br><b>Jacqueline J. Grace</b>  |  |  | Date<br><b>1/18/25</b> |                     |
| Signature of Authorized Person<br>   |  |  |                        |                     |

**MAIL TO:**

**Division of Business Services**

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