	Sta	te of Rhode Is	land	Fee: \$50.00
		f the Secretary		
		on Of Business S 148 W. River Stre		
Providence RI 02904-2615				
1636		(401) 222-3040)	
Limited Liability (Annual Report Filing Period: Febru				
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025				
1. ID No. <u>001704721</u>				
2. Exact Name of the Limited Liability Company <u>KE Impact IRA LLC</u>				
3. State of Formation				
State: <u>RI</u>				
NAICS CODE				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.				
<u>541618</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
SERVICES RELATED TO THE MANAGEMENT OF PRIVATE INVESTMENTS.				
5. Principal Office Address				
No. and Street:	21 SUMMER ST			
City or Town:	<u>REHOBOTH</u>	State: <u>MA</u>	Zip: <u>02769</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: Co				
No. and Street: City or Town:	<u>21 SUMMER ST</u> <u>REHOBOTH</u>	State: MA	Zip: <u>02769</u>	Country: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				
CHARLES BLACKMAN LEVY BLACKMAN LLP 469 ANGELL ST, #2 PROVIDENCE , RI 02906				

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 6 Day of February, 2025 at 8:54:07 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By KEVIN EGOLF

Signature of Authorized Person

Form No. 632 Revised 09/07

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