RI SOS Filing Number: 202566286430 Date: 2/24/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
FEB 24 2025
BY

Annual Report for the year: 2025
Corporation

→ 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	2. Exact name of the Corporation
65680	B.K. Realty Corporation

3. Principal Office Address	City	State	Zip
10 Valley View Drive	North Smithfield	RI	02896

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531110	Real estate development and property management
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Christina Kritharas	Lisa Biliouris
Street Address: 147 Fairview Avenue	Street Address: P.O. Box 1170
City: Belmont, State: MA, Zip: 02178	City: Slatersville, State: RI, Zip: 02876
Secretary Name: Yolanda Kritharas	**Treasurer Name:** Alexander J. Biliouris
Street Address: 55 Dinsmore Street, Apt. 401	Street Address: P.O. Box 1170
City: Framingham, State: MA, Zip: 01701	City: Slatersville, State: RI, Zip: 02876

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Christina Kritharas	Lisa Biliouris
Street Address: 147 Fairview Avenue	Street Address: P.O. Box 1170
City: Belmont, State: MA, Zip: 02178	City: Slatersville, State: RI, Zip: 02876
Director Name: Yolanda Kritharas	**Director Name:** Alexander J. Biliouris
Street Address: 55 Dinsmore Street, Apt. 401	Street Address: P.O. Box 1170
City: Framingham, State: MA, Zip: 01701	City: Slatersville, State: RI, Zip: 02876

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	Common	No Par Value

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.

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.

Name of Authorized Representative	Date
Alexander J. Biliouris	2-12-25

Signature of Authorized Representative: X

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021