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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
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.

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1. Entity ID Number	2. Exact name of the Limited Lia	hility Company	•		
1719043,	Kâyoto 1K	ealty 22c		. <u>.</u> .	
3. NAICS Code	4. Brief description of the charac	ter of business conducted in Rhoo	e Island		
531110	Real estate				
5. State of Formation					
\mathcal{R}			_		
6. Principal Office Address		City	State	Zip	
842 noutron our		Pautiecket	RI	02861	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Contact Title Contact Title Contact Title					
Street Address 88 + ALFS RD NORTH ALLING		City VO	State	09760	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
9. 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 Areuthorized Person		Date / /			
		1091970005			
Signature of Authorized Person					
EDIMEIRE KAJATA					

FILED

FEB **26** 2025 BY **RS** 6 2025

MAIL TO:

Division of Business Services

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

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