



State of Rhode Island and Providence Plantations

Department of State - Business Services Division


Annual Report for the year: 2025
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
STAMP
MAR 04 2025
BY 2752

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. 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 KEVIN F. KING, PRESIDENT					Date 3-2-25-25
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040