



State of Rhode Island  
Department of State - Business Services Division

START

TOP  
SECRETARY OF  
STATE

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25 MAY 2025 PM 1:29:48

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>001662928                                                                                                                                                                               |  | 2. Exact name of the Limited Liability Company<br>KETTLE POINT APARTMENTS LLC                                                                               |                 |              |
| 3. NAICS Code<br>531110                                                                                                                                                                                        |  | 4. Brief description of the character of business conducted in Rhode Island<br>REAL ESTATE ACQUISITION, DEVELOPMENT, INVESTMENT,<br>MANAGEMENT AND HOLDINGS |                 |              |
| 5. State of Formation<br>RHODE ISLAND                                                                                                                                                                          |  |                                                                                                                                                             |                 |              |
| 6. Principal Office Address<br>310 SEVEN FIELDS BOULEVARD, SUITE 350                                                                                                                                           |  | City<br>SEVEN FIELDS                                                                                                                                        | State<br>PA     | Zip<br>16046 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                            |  |                                                                                                                                                             |                 |              |
| Contact Name<br>DANIEL J. MANCOSH                                                                                                                                                                              |  | Contact Title<br>PRESIDENT                                                                                                                                  |                 |              |
| Street Address<br>310 SEVEN FIELDS BLVD SUITE 350                                                                                                                                                              |  | City<br>SEVEN FIELDS                                                                                                                                        | State<br>PA     | Zip<br>16046 |
| 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>DANIEL J. MANCOSH                                                                                                                                                                 |  |                                                                                                                                                             | Date<br>4/24/25 |              |
| Signature of Authorized Person<br>                                                                                                                                                                             |  |                                                                                                                                                             |                 |              |

FILED

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BY

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