



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

Annual Report for the year: 2017  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

|   |                    |   |   |                    |  |
|---|--------------------|---|---|--------------------|--|
| 1. Entity ID Number<br><b>14306</b>   |                    | 2. Exact name of the Corporation<br><b>KUG REALTY CO. INC</b> |   |                    |  |
| 3. Principal Office Address<br><b>70 WOGUAGONET AVE</b>   |                    |   | City<br><b>WARWICK</b>                        | State<br><b>RI</b> | Zip<br><b>02889</b>  |
| 4. Business Phone Number<br><b>401-349-4662</b>   |                    |   | 5. State of Incorporation<br><b>RI</b>        |                    |  |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>BUSINESS RENTAL (53110)</b>   |                    |   |   |                    |  |
| 7. List ALL officers (names and addresses)  |                    |   |   |                    | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name<br><b>DAVID S. URSILLO</b>   |                    |   | Vice-President Name<br><b>JEFFREY URSILLO</b> |                    |  |
| Street Address<br><b>720 PUTNAM PIKE U-601</b>  |                    |   | Street Address<br><b>70 WOGUAGONET AVE</b>    |                    |  |
| City<br><b>GREENVILLE</b>   | State<br><b>RI</b> | Zip<br><b>02828</b>   | City<br><b>WARWICK</b>                        | State<br><b>RI</b> | Zip<br><b>02889</b>  |
| Secretary Name  |                    |   | Treasurer Name                                |                    |  |
| Street Address  |                    |   | Street Address                                |                    |  |
| City  | State              | Zip   | City  | State              | Zip  |
| 8. List ALL directors (names and addresses)   |                    |   |   |                    | Check the box to indicate an attachment <input type="checkbox"/> |
| Director Name   |                    |   | Director Name                                 |                    |  |
| Street Address  |                    |   | Street Address                                |                    |  |
| City  | State              | Zip   | City  | State              | Zip  |
| 9. Shares Authorized  |                    | 10. Shares Issued   |   |                    |  |
| This information is currently of record in the Department of State.<br>Changes require an additional filing.  |                    | NUMBER OF SHARES  |   | CLASS/SERIES       | PAR VALUE  |
|   |                    | <b>650.00</b>   |   | <b>CNP</b>         | <b>50.00</b>   |
|   |                    |   |   |                    |  |
| 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. |                    |   |   |                    |  |
| <b>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.</b>                                       |                    |   |   |                    |  |
| Name of Authorized Representative<br><b>David J Ursillo</b>   |                    |   |   |                    | Date<br><b>9/5/17</b>  |
| Signature of Authorized Representative<br><b>David J Ursillo</b>  |                    |   |   |                    | SIGN DOCUMENT HERE   |

**FILED**

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BY

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