



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 128725		2. Name of Corporation Kieliszak, Eggert and Company, Ltd.			
3. Street Address Principal Business Office 161 Waterman Street			City Providence	State RI	Zip 02906
4. Business Phone No. 401-351-1020		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO PERFORM THE BUSINESS OF ACCOUNTING, TAX AND ALL OTHER LAWFUL RELATED SERVICES TO THE ACCOUNTING INDUSTRY					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DANIEL E. KIELISZAK			Vice President Name JAMES R. EGGERT		
Street Address 49 LAKECREST DRIVE			Street Address 8 VALLEY ROAD		
City WARWICK	State RI	Zip 02889	City DOVER	State MA	Zip 02030
Secretary Name DANIEL E. KIELISZAK			Treasurer Name JAMES R. EGGERT		
Street Address 49 LAKECREST DRIVE			Street Address 8 VALLEY ROAD		
City WARWICK	State RI	Zip 02889	City DOVER	State MA	Zip 02030
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DANIEL E. KIELISZAK			Director Name JAMES R. EGGERT		
Street Address 49 LAKECREST DRIVE			Street Address 8 VALLEY ROAD		
City WARWICK	State RI	Zip 02889	City DOVER	State MA	Zip 02030
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$1.00 PAR VALUE		4,000	COMMON	\$1.00

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.

Signature

Date

Print or Type Name

Title

FILED

File Date FEB 25 2008

Check No. 0841

By: [Signature]

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