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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 2009

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.	2. Name of Corporation			
83349	Reilly & Company, Ltd.			
3. Street Address Principal Business Office		City	State	Zip
1040 Turks Head Building		Providence	RI	02903
4. Business Phone No.	5. State of Incorporation			
401-861-1120	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
Accounting & Bookkeeping

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
Thomas J. Reilly	None
Street Address: 1040 Turks Head Build	Street Address:
City: Providence State:	02903 City: State: Zip:
Secretary Name: None	Treasurer Name: Thomas J. Reilly
Street Address:	Street Address: 1040 Turks Head Building
City: State: Zip:	City: Providence State: RI Zip: 02903

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
Thomas J. Reilly	
Street Address: 1040 Turks Head Building	Street Address:
City: Providence State: RI Zip: 02903	City: State: Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1,000	Common	No par value

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.

[redacted]

FILED

File Date: FEB 12 2009

Check No. By 5892

By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

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: Tom Reilly Date: 11 Feb 09

Thomas J. Reilly
Print or Type Name

President
Title

Form 630 Rev. 08/08

30802-11-347606