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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			
15868	KIRKBRAE GLEN INC.			
3. Street Address Principal Business Office		City	State	Zip
1300 HIGHLAND CORPORATE DRIVE STE 204A		CUMBERLAND	RI	02864
4. Business Phone No.	5. State of Incorporation			
401-312-8100	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
RENTAL

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

President Name	Street Address	City	State	Zip
GREGORY D. RICHARD	11 OAK HILL DRIVE	LINCOLN	RI	02865

Vice President Name	Street Address	City	State	Zip
HENRY L. RICHARD JR.	186 OLD RIVER ROAD # 8	LINCOLN	RI	02865

Secretary Name	Street Address	City	State	Zip
GREGORY D. RICHARD	11 OAK HILL DRIVE	LINCOLN	RI	02865

Treasurer Name	Street Address	City	State	Zip
PAUL M. RICHARD	23 TIMBERLAND DRIVE	LINCOLN	RI	02865

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

Director Name	Street Address	City	State	Zip
HENRY L. RICHARD JR.	186 OLD RIVER ROAD # 8	LINCOLN	RI	02865

Director Name	Street Address	City	State	Zip
PAUL M. RICHARD	23 TIMBERLAND DRIVE	LINCOLN	RI	02865

Director Name	Street Address	City	State	Zip
GREGORY D. RICHARD	11 OAK HILL DRIVE	LINCOLN	RI	02865

Director Name	Street Address	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
None	None	None

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] [redacted]

FILED
File Date FEB 17 2009
Check No. By 4715
By:
FOR SECRETARY OF STATE USE ONLY

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 [redacted] *Date* 2-6-09

Print or Type Name Gregory D. Richard

[redacted]

Title President

Form 630 Rev. 08/08

31237-8-347086