

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2009

401.222.3040

Form 630 Rev. 08/08

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 lew (R.I.G.L. 7-1.2-1501(e&rd)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 58170	2. Name of Corporation KIRKBRAE DEVELOPMENT CORP.				
3. Street Address Principal Business Office 1300 HIGHLAND CORPORATE DRIVE STE 204A			CUMBERLAND	State RI	<i>Ζψ</i> 02864
4. Business Phone No. 5. State of Incorporation RHODE ISLAND					
6. Bruef Description of the Character of Business Conducted in Rhode Island CONDOMINIUM DEVELOPMENT					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name GREGORY D. RICHARD			Vice President Name HENRY L. RICHARD JR.		
Street Address			: Street Address		
11 OAK HILL DRIVE			186 OLD RIVER ROAD # 8		
LINCOLN	State RI	<i>z_ψ</i> 02865	LINCOLN	State RI	<i>z</i> _₩ 02865
GREGORY D. RICHARD			Treasuret Name PAUL M. RICHARD		
Street Address 11 OAK HILL DRIVE			Street Address 23 TIMBERLAND DRIVE		
LINCOLN	State RI	Zap 02865	City LINCOLN	State RI	^{Zip} 02865
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name HENRY L. RICHARD JR.			Director Name PAUL M. RICHARD		
Street Address			Street Address		
186 OLD RIVER ROAD # 8			23 TIMBERLAND DRIVE		
CAP LINCOLN	State RI	<i>2</i> ∳ 02865	LINCOLN	State RI	<i>Ζψ</i> 02865
Director Name GREGORY D. RICHARD			Director Name		
Street Address 11 OAK HILL DRIVE			Street Address		
Caty LINCOLN	State RI	<i>Z</i> ≄ 02865	City	State	Zip .
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX POR ATTACHMENT)		
			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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.			Number of Shares	Gass/Series	Par Value
			1,000	Common	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.					
			11-1		that There are in the in
Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements					
File Date FILED					
Check No. FEB 17 2009 Signature Signature Date					
By By \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Print of Type Name			
FOR SECRETARY OF STATE USE ONLY					