

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. 7-1.2-150).

	2. Name of Co Kilday Ho	me Services, Inc.			
3. Street Address Principal Business Office 51 Waldo Rd.			Ctry Warwick	State RI	<i>2ψ</i> <b>02889</b>
4. Business Phone No. 401-737-9063  5. State of Incorporation Rhode Island					102000
<ol><li>Brief Description of the C Provide home impro</li></ol>	Character of Business Condi OVERNETS, cabinet ma	ucted in Rhode Island iking, painting, landscaping,	carpet cleaning etc.		
7. NAMES AND ADD		ICERS: ("X" BOX FOR ATT		SPACES BEFORE USING	G ATTACHMENTS
76576574 1467746			Vice President Name	·	
John Kilday			N/A		
Street Address 51 Waldo Rd.			Street Address		
City Warwick	State RI	<sup>2ip</sup> <b>02889</b>	Cuy	State	Zψ
Secretary Name Heidi Kilday			Treasurer Name Heidi Kilday		
Street Address 51 Waldo Rd.			Street Address 51 Waldo Rd.		
City <b>Warwick</b>	State RI	<sup>Zψ</sup> 02889	Gtey Warwick	State RI	<sup>Zφ</sup> 02889
Director Name  NA  Street Address	RESSES OF THE DIK	ECTORS: ("X" BOX FOR AT	TACHMENT) FILL   Director Name  Street Address	IN SPACES BEFORE USI	NG ATTACHMENTS
			Swood Makaress		
City	State	Zip	City	State	Zip
trector Name			Director Name		
Street Address			Street Address		
Aty	State	Zip	City	State	Ζiρ
	ZED	I	10. SHARES ISSUED	   ("X" BOX FOR ATTAC	   HMENT)
. SHARES AUTHORI			ISSUED SHARES — THIS S	ECTION MUST BE COMPLETED	<u> </u>
. SHARES AUTHORI			I		
This information is cu	rrently of record in the	ne Office of the Secretary of	Number of Shares	Class/Series	Par Value

	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	contained herein are true and correct.  Signature  Contained herein are true and correct.  Date
Check No. FEB 1 7 2009	Heidi Kilday
By BOR SECRETARY OF STATE USE ONLY	Print or Type Name Treasurer
	Title