

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No.								
115636	2. Exact name of the limited liability company KIEFER PARK ASSOCIATES, LLC							
	VIELE							
3. State of Formation 4. Brief description of the character of the business who OWNING, DEVELOPING, LEASING REAL PRODUCTION OF THE PROPERTY OF				ich is actually conducted in Rhode Island				
RHODE ISLAND		OWNING, DEVELOR	ING, LEAGING REAL PR	OPERIT				
5. Principal office address				City	State		Zip	
335 CENTERVILLE ROAD, BUILDING 5-E				WARWICK	RI		02886	
	ss of L	IMITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT PERSON:				
Contact Name				Contact Title				
DOUGLAS B. RIGGS								
Street Address				City	State		Zip	
335 CENTERVILLE ROAD, BUILDING 5-E				WARWICK	RI		02886	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS								
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)								
Manager Name				Manager Name				
DOUGLAS B. RIGGS				"				
Street Address				Street Address				
335 CENTERVILLE ROAD, BUILDING 5-E								
Clay		State	^{Zip} 02886	City	State		Zip	
WÄRWICK		RI	02886				,	
Manager Name				Manager Name				
Street Address				Street Address				
Gip		State	Zip	City	State		Zip	
			\mathbf{L}_{i}]	
	IN RH	ODE ISLAND - DO	NOT ALTER - Changes	require filing of Form 642	- R.I.G.L. 7-1	6-11	•	
Agent Name				Address				
JOSEPH F. WHINERY, JR., ESQ.				CAMERON & MITTLEMAN LLP				
Address				City Zip		Zip	lp	
301 PROMENADE STREET				PROVIDENCE		02908		

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

115636

File Date 9-14-09
Check No: 1336
By: MMC)
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 of Authorized Person

Douglás B. Riggs

Print or Type Name of Authorized Person

Form 632 Rev. 07/07