



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

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	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNING, DEVELOPING, LEASING REAL PROPERTY	
5. Principal office address 335 CENTERVILLE ROAD, BUILDING 5-E		City WARWICK	State RI
		Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name DOUGLAS B. RIGGS		Contact Title	
Street Address 335 CENTERVILLE ROAD, BUILDING 5-E		City WARWICK	State RI
		Zip 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 DOUGLAS B. RIGGS		Manager Name	
Street Address 335 CENTERVILLE ROAD, BUILDING 5-E		Street Address	
City WARWICK	State RI	City	State
Zip 02886		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name JOSEPH F. WHINERY, JR., ESQ.		Address CAMERON & MITTLEMAN LLP	
Address 301 PROMENADE STREET		City PROVIDENCE	Zip 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 Douglas B. Riggs Date 9/14/09
Douglas B. Riggs
Print or Type Name of Authorized Person