

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 2010

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(cc/cd)) is

subject to a penalty fee of \$25.0	90.		num report within thirty (50)	uays after the time prescribed by t	law (R.I.G.L. 7-1,2-1501(c&d))
1. Corporate ID No. 128725	Kieliszak,	2. Name of Corporation Kieliszak, Eggert and Company, Ltd.			
3. Street Address Principal Business Office 161 Waterman Street			Providence	State RI	<sup>Zip</sup> 02906
4. Business Phone No. 401-351-1020  5. State of Incorporation Rhode Island					
	ss of accounting, ta	ax and all other lawful related			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Daniel E. Kieliszak			ACHMENT) THE FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name James R. Eggert		
Street Address 49 Lakecrest Drive			Street Address  8 Valley Road		
Warwick	State RI	<sup>Zip</sup> 02889	City Dover	State MA	7ip 02030
Secretary Name Daniel E. Kieliszak			Treasurer Name James R. Eggert		
Street Address 49 Lakecrest Drive			Street Address  8 Valley Road		
Warwick	State RI	<sup>Zip</sup> 02889	City Dover	State MA	<sup>Zip</sup> 02030
Daniel E. Kieliszak	SSES OF THE DIRI	ECTORS: ("X" BOX FOR AT	ACHMENT) THIL I Director Name James R. Eggert	N SPACES BEFORE USIN	IG ATTACHMENTS
Street Address 49 Lakecrest Drive			Street Address  8 Valley Road		
City Warwick Director Name	State RI	Zip 02889	City Dover  Director Name	State MA	<i>zip</i> 02030
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZE	D	l		O <i>("X" BOX FOR ATTAC</i> ECTION <u>MUST</u> 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	Class/Series	Par Value
			4,000	Common	\$1.00
This report must be executhis report must be executhis	ited on behalf of the	ne corporation by an authorize corporation by the receiver of	d representative. If the or trustee.	corporation is in the hand	s of a receiver or trustee,

	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.
File DateEILED	2-9-10
Check NFEB 1 2 2010	DANIEL E. KIELISZAK
By FOR SECRETARY OF STATE USE ONLY	Print or Type Name  PRESIDENT
	Title

have examined this report,