



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

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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(c)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 146238		2. Name of Corporation KELLEHER ACOUSTICAL CEILINGS, INC.					
3. Street Address Principal Business Office 536 HIGH STREET		City CUMBERLAND	State RI	Zip 02864			
4. Business Phone No. 401-692-0642		5. State of Incorporation RHODE ISLAND					
6. Brief Description of the Character of Business Conducted in Rhode Island TO PERFORM THE INSTALLATION OF DROP CEILINGS FOR PROFIT.							
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name SHANE J. KELLEHER		Vice President Name SHANE J. KELLEHER					
Street Address 536 HIGH STREET		Street Address 536 HIGH STREET					
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864		
Secretary Name <del>SHANE J. KELLEHER</del> Alicia Kelleher		Treasurer Name SHANE J. KELLEHER					
Street Address 536 HIGH STREET		Street Address 536 HIGH STREET					
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name NONE		Director Name					
Street Address		Street Address					
City	State	Zip	City	State	Zip		
Director Name		Director Name					
Street Address		Street Address					
City	State	Zip	City	State	Zip		
9. SHARES AUTHORIZED					10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.					ISSUED SHARES - THIS SECTION MUST BE COMPLETED		
					Number of Shares	Class Series	Par value
					100	COMMON	NO PAR VALUE

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.

<b>FILED</b>	
File Date	MAR 10 2011
Check No.	By <u>MME</u>
By:	1928
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.

✓ Shane Kelleher 3-8-11  
Signature Date  
SHANE J. KELLEHER  
Print or Type Name  
PRESIDENT  
Title