RI SOS Filing Number: 201291989900 Date: 04/20/2012 4:00 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: June 1 - June 30 · **This report must be typed or printed legibly.**
Filing Fee: $20.00 · **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation		
27540	**KILMARTIN CHARITABLE CORPORATION**		
3. State of Incorporation: **RI**	4. Corporate Address in RI - Street Address: **517 MINERAL SPRING AVENUE**	City: **PAWTUCKET**	Zip: **02860**
5. Foreign corporation. Enter principal office address	City	State	Zip
6. Brief description of the character of business conducted in Rhode Island: **DISTRIBUTION OF CHARITABLE CONTRIBUTIONS**			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

	President Name	Street Address	City	State	Zip
	JOHN D. KILMARTIN, III	**517 MINERAL SPRING AVENUE**	**PAWTUCKET**	**RI**	**02860**
	Vice-President Name	**Street Address**	**City**	**State**	**Zip**
	PAUL F. KILMARTIN	**517 MINERAL SPRING AVENUE**	**PAWTUCKET**	**RI**	**02860**
	Secretary Name	**Street Address**	**City**	**State**	**Zip**
	PAUL F. KILMARTIN	**517 MINERAL SPRING AVENUE**	**PAWTUCKET**	**RI**	**02860**
	Treasurer Name	**Street Address**	**City**	**State**	**Zip**
	JOHN J. KILCOYNE	**517 MINERAL SPRING AVENUE**	**PAWTUCKET**	**RI**	**02860**

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8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

	Director Name	Street Address	City	State	Zip
	JOHN D. KILMARTIN, III	517 MINERAL SPRING AVENUE	PAWTUCKET	RI	02860
	PAUL F. KILMARTIN	517 MINERAL SPRING AVENUE	PAWTUCKET	RI	02860
	JOHN J. KILCOYNE	517 MINERAL SPRING AVENUE	PAWTUCKET	RI	02860

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9. REGISTERED AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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BY 169152
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File Date _____
Check No _____
By: _____
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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.

John D. Kilmartin III — 4/10/12
Signature of Officer — Date

JOHN D. KILMARTIN, III
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form No. 631
Revised: 01/2012

76301-6-715384