

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

2013

Filing Fee: \$50.00	• FAILURE TO FI	LE THIS REPORT BY		•	PENALTY FEE.	
1. Entity ID No. 15449		2. Exact name of the Corporation KILDUFF BROTHERS BUILDERS, INC.				
3. Principal office address 26 HARTFORD PIKE			NORTH SCITU	ATE State	Zip 02 857	
4. Business Phone No. 401 9 34-2259			5. State of Incorporation RHODE ISLAND			
		s conducted in Rhode Islar UCTING AND CONT				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR A President Name RICHARD P. KILDUFF			Vice-President Name JAMES J. KILDUFF			
Street Address MARY ELIZABETH DRIVE			Street Address WHITE PINE DRIVE			
City SCITUATE	State RI	Zip 02857	City State SCITUATE RI		Zip 02857	
Secretary Name RICHARD P. KILDUFF			Treasurer Name JAMES J. KILDUFF			
Street Address MARY ELIZABETH DRIVE			Street Address WHITE PINE DRIVE			
City SCITUATE	State RI	Zip 02857	SCITUATE	State RI	Zip 02857	
8. LIST ALL DIRECTORS Director Name	(NAMES AND ADD	RESSES) ("X" BOX FOR				
RICHARD P. KILDU	JFF		Director Name JAMES J. KILD	UFF		
Street Address MARY ELIZABETH	DRIVE		Street Address WHITE PINE DF	RIVE		
City SCITUATE	State R1	Zip 02857	City State RI		Zip 02857	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
). SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
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	UMBER OF SHARES CLASS/SERIES		
			600	СОММО	NO PAR	
This report must be execu		orporation by an authorize t be executed on behalf of	•	•	hands of a receiver or trustee,	
File Date Check No		·	Under penalty of pe this report, includir	erjury, I declare and g any accompanyi	d affirm that I have examined ing schedules and statements, and are true and correct.	
By:		FILED	Signature of Authori	Y. DUJ zed Representative	+ 6/17/13	
FOR SECRETARY OF S	TATE USE ONLY	JUN 2 0 2013	RICHARD P. K	LDUFF		

Form No. 630 Revised: 01/2012 BY 23189

Print or Type Name of Authorized Representative