



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 Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 15449		2. Exact name of the Corporation KILDUFF BROTHERS BUILDERS, INC.								
3. Principal office address 26 HARTFORD PIKE		City NORTH SCITUATE	State RI	Zip 02857						
4. Business Phone No. 401-934-2259		5. State of incorporation RHODE ISLAND								
6. Brief description of the character of business conducted in Rhode Island BUSINESS IN GENERAL CONSTRUCTING AND CONTRACTING										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
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 SCITUATE	State 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	City SCITUATE	State RI	Zip 02857					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name RICHARD P. KILDUFF			Director Name JAMES J. KILDUFF							
Street Address MARY ELIZABETH DRIVE			Street Address WHITE PINE DRIVE							
City SCITUATE	State RI	Zip 02857	City SCITUATE	State RI	Zip 02857					
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.										
						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
						600	COMMON	NO PAR		

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.

File Date _____
 Check No _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED
JUN 20 2013
 BY 32189

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 hereon are true and correct.
Richard P. Kilduff 6/17/13
 Signature of Authorized Representative Date
RICHARD P. KILDUFF
 Print or Type Name of Authorized Representative