



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 115636		2. Exact name of the limited liability company KIEFER PARK ASSOCIATES, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNING, DEVELOPING, LEASING REAL PROPERTY			
5. Principal office address 50 WHITECAP DRIVE, SUITE 102		City NORTH KINGSTOWN	State RI	Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DOUGLAS B. RIGGS			Contact Title		
Street Address 50 WHITECAP DRIVE, SUITE 102		City NORTH KINGSTOWN	State RI	Zip 02852	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name DOUGLAS B. RIGGS			Manager Name		
Street Address 50 WHITECAP DRIVE, SUITE 102		Street Address			
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name JOSEPH F. WHINERY, JR., ESQ.			Address CAMERON & MITTLEMAN LLP		
Address 301 PROMENADE STREET		City PROVIDENCE	Zip 02908		

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

115636
FILED

File Date	AUG 30 2013
Check No.	mnc
By	CA # 1519
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.

Signature of Authorized Person

Date

Douglas B. Riggs

Print or Type Name of Authorized Person