RI SOS Filing Number: 201434194550 Date: 01/23/2014 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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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.	2. Exact name of the Corporation			
58170	**Kirkbrae Development Corp.**			
3. Principal office address: **177 Old River Road**		City: **Lincoln**	State: **RI**	Zip: **02865**
4. Business Phone No.: **401-312-8100**		5. State of Incorporation: **Rhode Island**		
6. Brief description of the character of business conducted in Rhode Island: **Condominium Development**				

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

President Name: **Gregory D. Richard**			Vice-President Name: **Henry L. Richard Jr.**		
Street Address: **11 Oak Hill Drive**			Street Address: **186 Old River Road#8**		
City: **Lincoln**	State: **RI**	Zip: **02865**	City: **Lincoln**	State: **RI**	Zip: **02865**
Secretary Name: **Gregory D. Richard**			Treasurer Name: **Paul M. Richard**		
Street Address: **11 Oak Hill Drive**			Street Address: **23 Timberland Drive**		
City: **Lincoln**	State: **RI**	Zip: **02865**	City: **Lincoln**	State: **RI**	Zip: **02865**

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: **Gregory D. Richard**			Director Name: **Henry L. Richard Jr.**		
Street Address: **11 Oak Hill Drive**			Street Address: **186 Old River Road#8**		
City: **Lincoln**	State: **RI**	Zip: **02865**	City: **Lincoln**	State: **RI**	Zip: **02865**
Director Name: **Paul M. Richard**			Director Name:		
Street Address: **23 Timberland Drive**			Street Address:		
City: **Lincoln**	State: **RI**	Zip: **02865**	City:	State:	Zip:

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	CNP	0

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.

FILED
JAN 2 3 2014

File Date:
Check No: 10170
By:
(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 Representative — Date: 1-21-14

Print or Type Name of Authorized Representative: Gregory D. Richmond

Form No. 630
Revised: 01/2012

101895-30-932160