



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. 58170		2. Exact name of the Corporation 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. OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/>										
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 <input type="checkbox"/>										
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			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		
						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 23 2014

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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.

Gregory D. Richard 1-21-14
 Signature of Authorized Representative Date

Gregory D. Richard
 Print of Type Name of Authorized Representative

File Date: _____
 Check No: _____
 BY: _____
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