



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. <b>39259</b>		2. Exact name of the Corporation <b>Kirkbrae Realty Corp.</b>		
3. Principal office address <b>177 Old River Road</b>		City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>
4. Business Phone No. <b>401-312-8100</b>		5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Real Estate</b>				
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT</b> <input checked="" type="checkbox"/>				
President Name <b>Gregory D. Richard</b>		Vice-President Name		
Street Address <b>11 Oak Hill Drive</b>		Street Address		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City	State
Secretary Name <b>Gregory D. Richard</b>		Treasurer Name <b>Gregory D. Richard</b>		
Street Address <b>11 Oak Hill Drive</b>		Street Address <b>11 Oak Hill Drive</b>		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>Lincoln</b>	State <b>RI</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT</b> <input checked="" type="checkbox"/>				
Director Name <b>Gregory D. Richard</b>		Director Name		
Street Address <b>11 Oak Hill Drive</b>		Street Address		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
<b>9. SHARES AUTHORIZED</b> <input checked="" type="checkbox"/>				
<b>10. SHARES ISSUED (X) BOX FOR ATTACHMENT</b> <input checked="" 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	none	no par value

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.

Signature of Authorized Representative

Date

Print or Type Name of Authorized Representative

File Date  
Checked By  
By  
FOR SECRETARY OF STATE USE ONLY