



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. 86565		2. Exact name of the Corporation Reilly Consulting Associates, Inc.			
3. Principal office address 572 Elmgrove Avenue			City Providence	State RI	Zip 02906
4. Business Phone No. 401-861-1120			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island To engage in the business of consulting for fund raising projects and general related fund raising.					
7. LIST ALL OFFICERS (NAME AND ADDRESS) IN A BOX FOR ATTACHMENT					
President Name Kibbe S. Reilly			Vice-President Name None		
Street Address 572 Elmgrove Avenue			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name None			Treasurer Name Kibbe S. Reilly		
Street Address			Street Address 572 Elmgrove Avenue		
City	State	Zip	City Providence	State RI	Zip 02906
8. LIST ALL DIRECTORS (NAME AND ADDRESS) IN A BOX FOR ATTACHMENT					
Director Name Kibbe S. Reilly			Director Name		
Street Address 572 Elmgrove Avenue			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORITY					
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/ESSES	PAR VALUE
			1000	common	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

FEB 13 2014

BY 7155

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.

Kibbe S. Reilly 2-10-14
 Signature of Authorized Representative Date

Kibbe S. Reilly
 Print or Type Name of Authorized Representative