

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 3014

Filing Period: January 1 Filing Fee: \$50.00 • FAIL				LT IN A \$25.00 PENA	LTY FEE.
1. Entity ID No.	2. Exact name of t	he Corporation			
505423	KILL	en Stu	DIOS THC.		
3. Principal office address 270 Chape	Stree	ナ	13URRILL	Ville R.Q.	2ip 02860
4. Business Phone No. 401-212-	1554		5. State of Incorporation $Rhvoe$	IS/AND	
6. Brief description of the charact	er of business cond	ucted in Rhode Island			
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and and the same of the same o					
President Name	Killen	II	Vice-President Name	R. Kille	n IR.
Street Address Chapel Street			Street Address HAM DIAH WAY		
BURRIVI/1e	State 0 .	Zip 02830	City NAKO FIE	State	Zip 12879
Secretary Name			Treasurer Name SAME		
Street Address			Street Address		
		•	Olicel Addiess		
City	State	Zip	City	State	Zip
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Director Name WILLAM R.	Sillen-	TT	Director Name	nR. KIL	Len, JR.
Street Address Chap		eet	Street Address	HAH WALL	npTOH WAY
City BURRIVILLE	State	02830	City WAKE FIE	$> /_D$ State	. Zip 07879
Director Name			Director Name	·	
Street Address		the state of the s	Street Address	100000000000000000000000000000000000000	
City	State	Zip	City	State	Zip
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mining makes to the control of the c	A STANDONE BY MARKET CONTRACTOR SCHOOL	THE COMMENT OF STREET SECTION ASSESSMENT ASSESSMENT OF THE STREET, ASS	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.		300	Common	NO PAR	
This report must be executed on		ration by an authorized	representative. If the co	rooration is in the hands	of a receiver or trustee.
			he corporation by the rec	eiver or trustee.	
WARRY CONTRACTOR	deserving the ch		Under penalty of per	jury, I destare and affirm	n that I have examined

this report must be executed on behalf of	the corporation by the receiver or trustee.
A FILE	Under penalty of perjury, I deplare and affirm that I have examined this report, including any accompanying schedules and statements,
FILED	and that all statements contained herein are true and correct.
MAR 14 2014	Signature of Authorized Representative Date Date
Form No. 630 Revised: 01/2012	Print or Type Name of Authorized Representative